State of Indiana
Medicaid DUR Annual Report

For Federal Fiscal Year 2005

(October 1, 2004 to September 30, 2005)

Presented to:
Center for Medicare and Medicaid Services (CMS)

By:
State of Indiana—Office of Medicaid Policy and Planning

Approved by the Indiana DUR Board

Prepared by ACS Government Healthcare Solutions, PBM Group

ACS
Government Healthcare
Solutions, PBM Group

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CMS SURVEY

DRUG UTILIZATION REVIEW (DUR) ANNUAL REPORT
FEDERAL FISCAL YEAR 2005

I. STATE CODE

IN

II. MEDICAID AGENCY STAFF PERSON RESPONSIBLE FOR DUR ANNUAL REPORT PREPARATION

Name	Marc Shirley, R.Ph., OMPP Pharmacy Director
Street Address	Indiana Government Center South, 402 West Washington Street
City/State/ZIP	Indianapolis, Indiana 46204-2739
Area Code/Phone Number	(317) 232-4343

III. PROSPECTIVE DUR

1. During Federal Fiscal Year 2005 prospective DUR was conducted: (check those applicable)

   a) ____ By individual pharmacies on-site.

   b) ___ On-line through approved electronic drug claims management system.

   c) __X__ Combination of (a) and (b).

2. (a) States conducting prospective DUR on-site have included as **ATTACHMENT 1** (check one):

   _____ Results of a random sample of pharmacies within the State pertaining to their compliance with OBRA 1990 prospective DUR requirements.

   __X__ Results of State Board of Pharmacy monitoring of pharmacy compliance with OBRA 1990 prospective DUR requirements.

   _____ Results of monitoring of prospective DUR conducted by State Medicaid agency or other entities.

   (b) States conducting prospective DUR on-line have included as **ATTACHMENT 1** a report on State efforts to monitor pharmacy compliance with the oral counseling requirement.

   Yes___X_____ No_____

3. States conducting prospective DUR on-site plans with regards to establishment of an ECM system. State:
   _____ Has no plan to implement an ECM system with prospective DUR capability.
   _____ Plans to have an operational ECM system with prospective DUR in FFY 2005 or later.

STATES PERFORMING PROSPECTIVE DUR ON-SITE SKIP QUESTIONS 4-8

4. States conducting prospective DUR through an operational on-line POS system provide the following information:

   a) Operational date **09/95** (MM/YY) on which on-line POS system began accepting drug claims for adjudication from providers.

   b) Operational date **03/96** (MM/YY) on which on-line POS system began conducting prospective DUR screening.

   c) Percentage of Medicaid prescriptions processed by ECM system (where applicable) in FFY 2005. **96.54 %** by ACS 10/01/2004-09/30/2005

   d) Identify ECM vendor.
   Electronic Data Systems (EDS) 10/01/2002-03/22/2003
   ACS Government Health Care Solutions 03/23/2003-09/25/2005
   Electronic Data Systems (EDS) 09/26/2005-09/30/2006
   (company, academic institution, other organization)

      1) Was system developed in house? Yes **X** No _____
      2) Is vendor Medicaid Fiscal agent? Yes ___ No **X**

   e) Identify prospective DUR (source of criteria).
   First Data Bank with review and approval of DUR Board
   (company, academic institution, other organization)

5. With regard to prospective DUR criteria from the vendor identified in 4 (d) above, the DUR Board: (Check one)

   (a) _____ Approved in FFY 2005 all criteria submitted by the vendor.

   (b) **X** Chose to approve selected criteria submitted by the vendor.

6. States checking 5 (b) have provided **DUR criteria** data requested on **enclosed Table 1.** Yes **X** No_____

7. State prospective DUR screening includes screens run before obtaining DUR Board approval of criteria. Yes ___ No **X**

8. States conducting prospective DUR using an ECM system have included **ATTACHMENT 2**. Yes **X** No _____

IV. RETROSPECTIVE DUR

1. Identify your retrospective DUR vendor during FFY 2005.

   Affiliated Computer Services (ACS) Government Healthcare Solutions
   (company, academic institution or other organization)

   a) Is the retrospective DUR vendor also the Medicaid fiscal agent?
   Yes _____ No ___**X**____

   b) Is your current retrospective DUR vendor contract subject to re-bid in FFY 2005?
   Yes _____ No ___**X**____

   If your vendor changed during FFY 2005, identify your new vendor.

   No Changes in FFY 2005.
   (company, academic institution or other organization)

   c) Is this retrospective DUR vendor also the Medicaid fiscal agent?
   Yes _____ No ___**X**____

   d) Is this retrospective DUR vendor also the developer/supplier of your retrospective DUR criteria? Yes ___**X**____ No_____

2. If your answer to question 1(c) or 1(d) above is no, identify the developer/supplier of your retrospective DUR criteria.

   ACS Government Healthcare Solutions – 03/23/2003 to 9/30/2005
   (company, academic institution, or other organization)

3. Did DUR Board approve all retrospective DUR criteria supplied by the criteria source identified in questions 1(c) and 2 above? Yes__**X**__ No_____

4. States performing retrospective DUR have provided DUR Board approved criteria data requested on enclosed hardcopy **Table 2**. Yes__**X**___ No _____

5. States conducting retrospective DUR have included **ATTACHMENT 3**.
   Yes ___**X**____ No _____

V. DUR BOARD ACTIVITY

1. States have included a brief description of DUR Board activities during FFY 2005 as **ATTACHMENT 4**. Yes ___**X**____ No_____

2. States have included a brief description of policies used to encourage the use of therapeutically equivalent generic drugs as **ATTACHMENT 5**.
   Yes___**X**____ No_____

VI. PROGRAM EVALUATION/COST SAVINGS

1. Did your State conduct a DUR program evaluation/cost savings estimate in FFY 2005? Yes __**X**____ No_____

2. Did you use Guidelines for Estimating the Impact of Medicaid DUR as the basis for developing your program evaluation/cost savings estimate?
   Yes__**X**__ No ____

3. Who conducted your program evaluation/cost savings estimate?

   Affiliated Computer Services (ACS) Government Healthcare Solutions
   (company, academic institution, or other organization)

4. States have provided as **ATTACHMENT 6** the program evaluations/cost savings estimates. Yes _**X**_ No___

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TABLE 1

PROSPECTIVE DUR CRITERIA

Approval Process

FOR EACH PROBLEM TYPE BELOW
LIST (DRUGS/ DRUG CATEGORY/ DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN- DEPTH REVIEWS.
PLEASE INDICATE WITH AN ASTERISK (*) THOSE FOR WHICH CRITERIA WERE ADOPTED.

*Implementation Dates were all prior to FFY 2003 or FFY 2005 (Growth Hormone)

INAPPROPRIATE DOSE or DOSE OPTIMIZATION	THERAPEUTIC DUPLICATION	DRUG ALLERGY INTERACTION
1. *Triptans (Qty Limits; >Qty needs PA)	1. *See Table 1.A.2	1.
2.	2.	2.
3.	3.	3.

INAPPROPRIATE DURATION	DRUG/ DRUG INTERACTIONS	DRUG DISEASE CONTRAINDICATION
1. *Over-utilization (Early Refill) All Drug Products (Requires PA)	1. *Severity Level 1 (Requires PA)	1. *See Table 1.A.1
2. *Under-utilization (Late Refill) Anti-Convulsants, Oral Hypoglycemics, ACE Inhibitors, Xanthines	2.	2. Growth Hormone (Requires PA)
3. *34-Day Supply for Non-Maintenance (Requires PA)	3.	3.

OTHER DRUG PREGNANCY *(specify)*	OTHER HIGH DOSE *(specify)*	OTHER DRUG-AGE/PEDIATRIC *(specify)*
1. *Severity Level X	1. *All Drug Products	1. *Severity Level 1
2. *Severity Level D	2.	2.
3. *Severity Level 1	3.	3.

TABLE 1 ProDUR Criteria --continued—

TABLE 1.A. Prospective DUR Criteria - Detailed

TABLE 1.A.1 Drug-Disease Criteria

The DUR Board chose NDCs that infer a disease instead of using medical claims and ICD-9 diagnosis codes. Below are the criteria that were approved.

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Alcoholism	Disulfiram	Lifetime	Benzamphetamine Diethylpropion Fenfluramine MAO-Is Mazindol Phenmetrazine Phendimetrazine Phentermine Methotrexate Bexarotene
Alzheimer's	Tacrine	Lifetime	Aluminum
Arrhythmias	Procainamide	Lifetime	Dopamine Probucol Bepridil Itraconazole Ibutilide Dofetilide
Calcium Renal Calculi Prophylaxis	Cellulose sodium phosphate	Lifetime	Calcium phosphate Calcium carbonate
Chronic Angina Pectoris	Bepridil	Lifetime	Serotonin 5-HT1 Agonists Yohimibine Aldesleukin
Congestive Heart Failure	Amirnone Milrinone	Lifetime Lifetime	Cyclobenzaprine MAO-Is Pargyline Procarbazine Sodium phos laxatives Propranolol Iothalamate Albumin Hetastarch Corticotropin Gold salt compounds Doxorubicin Metformin Itraconazole Daunorubicin Iodixanol Sibutramine Cilostazol

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 -- continued – Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Cushing's Syndrome	Trilostane	Lifetime	Corticotropin
Diabetes Mellitus	Antidiabetic Drugs Acetohexamide Glipizide Glyburide Tolbutamide Tolazamide, etc Insulin	Lifetime	Lactulose
Diarrhea	Attapulgite Diphenoxylate/Atropine Kaolin/pectin/belladonna Opium/paregoric Loperamide	Finite	Magnesium Magaldrate Irinotecan Poliovirus vaccine
Epilepsy	Mephenytoin Doxapram Maprotiline Metoclopramide Piperazine	Lifetime	Bupropion
Hyperkalemia	Sodium polystyrene Sulfonate	Lifetime	Amiloride Potassium/sodium citrate Spironolactone Methazolamide Triamterene Acetazolamide Mesoridazine Dichlorphenamide
Hypertension	Alseroxylon Benazapril-Amlopdipine B-Blockers plus: Bendroflumethiazide Chlorthalidone HCTZ Losarten Moexipril	Lifetime	Benzamphetamine Diethylpropion Fenfluramine Mazindol Methylergonovine Phentermine Sodium phos laxatives Dozapram Phenmetrazine Phendimetrazine Dextrothyroxine Anistlepase Corticotropin Gold salt compounds

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Hyperthyroidism	Methimazole Propylthiouracil	Lifetime	Benzamphetamine Cyclobenzaprine Diethylproprion Phendimetrazine Phenmetrazine Phentermine Ritodrine Midodrine Arbutamine
Mental Depression	Amoxapine	Lifetime	Flurazepam Bupropion Diazepam MAO-I Clomiphene Nortriptyline Metoclopramide Venlafaxine Interferon-Alpha 2B
Myasthenia gravis	Ambenonium	Lifetime	Orphenadrine Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Doxacurium
Parkinsonism	Carbidopa/Levodopa Levodopa Pergolide Selegiline	Lifetime	Haloperidol Streptomycin Gentamicin Tobramycin Amikacin Netilmicin Gramicidin
Peripheral Vascular Disease Agonists	Pentoxiphylline	Lifetime	Methylergonovine Dihydroergotamine Serotonin 5-HT1
Pheochromocytoma	Metyrosine	Lifetime	MAO-Is Metoclopramide Pargyline Droperidol Dopamine Metoclopramide Midodrine

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.1 Drug-Disease Criteria (continued)

INFERRED DISEASE	INFERRING DRUG(S)	DISEASE DURATION	CONTRAIND DRUG(S)
Prostatic Cancer	Busereline Estramustine Flutamide	Lifetime	Fluoxymesterone Methyltestosterone Nadrolone Oxandrolone Oxymetholone Prasterone Testosterone HCG Hormone
Psychotic disorders	Acetophenazine Molindone Promazine Thiothixene Trifluoperazine	Lifetime	Mazindol Flurazepam
Tuberculosis	Capreomycine Pyrazinamide	Lifetime	Infliximab
Urinary tract infection	Cinoxacine Methenamine Naladixic acid Nitrofurantoin	Finite	BCG live Potassium/Sodium citrate
Ventricular arrhythmias	Encainide Esmolol Flecainide Mexiletine Moricizine Sotalol Tocainide	Lifetime	Bepridil Dopamine Probucol Itraconazole Ibutilide Dofetilide
Wilson's Disease	Turpentine	Lifetime	Copper supplements

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.2 Therapeutic Duplication Alert Criteria

Class Code	Description
	Cardiovascular Agents
A1C	Inotropic Drugs
A2A	Antiarrythmics
A4A	Hypotensives, Vasodilators
A4B	Hypotensives, Sympatholytic
A4C	Hypotensives, Ganglionic Blockers
A4E	Hypotensives, Veratrum Alkaloids
A4Y	Hypotensives, Miscellaneous
A7A	Vasoconstrictors, Arteriolar
A7B	Vasodilators, Coronary
A7C	Vasodilators, Peripheral
A7D	Vasodilators, Peripheral (continued)
Z4D	Prostacyclines
	ACE Inhibitors and Antagonists
A4D	Hypotensives, ACE Inhibitors
A4F	Hypotensives, Angiotensin Receptor Antagonists
A4K	ACE Inhibitor/Calcium Channel Blocker Combination
	Calcium Channel Blocking Agents
A9A	Calcium Channel Blockers
	H2-Antagonists
D4E	Anti-Ulcer Preparations
D4F	Anti-Ulcer H. Pylori Agents
Z2D	Histamine H2-Receptor Inhibitors
	Phenothiazines
H2G	Anti-Psychotics, Phenothiazines
H2I	Anti-Psychotics, Phenothiazines (continued)
	Antidepressants
H2J	Antidepressants
H2K	Antidepressants Combinations
H2N	Antidepressants (continued)
H2S	Serotonin Specific Reuptake Inhibitors (SSRIs)
H2U	Tricyclic Antidepressants & Rel. Non-Sel. Reuptake Inhibitors
H2W	Tricyclic Antidepressants/Phenothiazine Comb
H2X	Tricyclic Antidepressants/Benzodiazepine Comb
H2Y	Tricyclic Antidepressants/Non-Phenothiazine comb.
H7A	Tricyclic ADP/Phenothiazine/Benzodiazepines
H7B	Alpha-2 Receptor Antagonist Antidepressants
H7C	Serotonin-Norepinephrine Reuptake Inhibitors
H7D	Norepinephrine & Dopamine Reuptake Inhibitors
H7E	Serotonin 2-Antagonist/Reuptake Inhibitors
H7F	Selective Norepinephrine Reuptake Inhibitors
H7G	Serotonin and Dopamine Reuptake Inhibitors
H7H	Serotonin Specific Reuptake Inhibitor/Ergot Comb
H7I	Antidepressant/Barb/Belladonna Alkaloid Comb

TABLE 1 ProDUR Criteria --continued--

TABLE 1.A.2 -- (continued) -- Therapeutic Duplication Alert Criteria

Class Code	Description
	Antidepressants - continued –
H7J	MAOIs-Non Selective and Irreversible
H7K	MAOIs-A Selective and Reversible (RIMA)
H7L	MAOIs N-S & Irreversible/Phenothiazine Comb
H7M	Antidepressant/Carbamate Anxiolytic Combination
	Narcotic Analgesics
H3A	Analgesics, Narcotics
H3B	Analgesics, Narcotics (continued)
H3H	Analgesics Narcotic, Anesthetic Adjunct Agents
	Non-Narcotic Analgesics
H3C	Analgesics, Non-Narcotics
H3E	Analgesics/Antipyretics, Non-Salicylates
H3F	Antimigraine Preparations
H3G	Analgesics, Miscellaneous
	Alpha and Beta Blockers
J7A	Alpha/Beta-Adrenergic Blocking Agents
J7B	Alpha-Adrenergic Blocking Agents
J7C	Beta-Adrenergic Blocking Agents
J7D	Beta-Adrenergic Blocking Agents (continued)
J7E	Alpha-Adrenergic Blocking Agent/Thiazide Comb
	Anti-Lipidemics
M4E	Lipotropics
M4F	Lipotropics (continued)
	Diuretics
R1B	Osmotic Diuretics
R1C	Inorganic Slat Diuretics
R1D	Mercurial Diuretics
R1E	Carbonic Anhydrase Inhibitors
R1F	Thiazide and Related Diuretics
R1G	Thiazide and Related Diuretics (continued)
R1H	Potassium Sparing Diuretics
R1J	Aminouracil Diuretics
R1K	Diuretics, Miscellaneous
R1L	Potassium Sparing Diuretics in Combination
R1M	Loop Diuretics
	NSAIDS and Salicylates
S2B	NSAIDS, Cyclooxygenase Inhibitor Type
S2D	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2E	NSAIDS, Cyclooxygenase Inhibitor Type (continued)
S2H	Anti-Inflammatory/Antiarthritic Agents, Misc.
S2I	Anti-Inflammatory, Pyrididine Synthesis Inhibitors
S2L	NSAIDS, Cyclooxygenase 2 Inhibitor Type
S7C	Skeletal Muscle Relaxant & Salicylates Combination
H3D	Analgesics/Antipyretics, Salicylates

TABLE 1 ProDUR Criteria --continued—

TABLE 1.A.2 -- (continued) -- Therapeutic Duplication Alert Criteria --(continued)

Class Code	Description
	Antimicrobial Products
W1A	Penicillins
W1B	Cephalosporins
W1C	Tetracyclines
W1D	Macrolides
W1E	Chloramphenicol and Derivatives
W1F	Aminoglycosides
W1G	Antitubercular Antibiotics
W1H	Aminocyclitols
W1I	Penicillins (continued)
W1J	Vancomycin and Derivatives
W1K	Lincosamides
W1L	Antibiotics, Miscellaneous, Other
W1M	Streptogramins
W1N	Polymyxin and Derivatives
W1O	Oxazolidinones
W1P	Betalactams
W1Q	Quinolones
W1R	Beta-Lactamase Inhibitors
W1S	Carbapenams (Thienamycins)
W1T	Cephalosporins (continued)
W1U	Quinolones (continued)
W1V	Steroidal Antibiotics
W1W	Cephalosporins – 1st Generation
W1X	Cephalosporins – 2nd Generation
W1Y	Cephalosporins – 3rd Generation
W2A	Absorbable Sulfonamides
W2B	Nonabsorbable Sulfonamides
W2C	Absorbable Sulfonamides (continued)
W2E	Nitrofuran Derivatives
W2Y	Anti-Infectives, Misc. (Antibacterials)

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TABLE 1.B PRIOR AUTHORIZATION (PA) CRITERIA

DD – Drug-Drug Interaction PA Criteria

The DUR Board approved to move to hard edits that require PA for Severity Level 1 interactions beginning 1/15/2003.

ER - Early Refill Alert PA Criteria

Implemented 7/1/2002, Early Refill editing is in place and all edits are hard edits ***except*** for those drugs or classes in the table below. Hard edits require a Prior Authorization before claims payment. Exceptions to this (online override and Ignore / Inactive) are in the table below:

Class Description	Alert Status (A-POS Override; I-Inactive)
Q6I Eye Antibiotic-Corticoid Combinations	A
Q6R Eye Antihistamines	A
Q6P Eye Anti-inflammatory Agents	A
Q6Y Eye Preparations, Miscellaneous (OTC)	A
Q6S Eye Sulfonamides	A
M0F Factor IX Preparations	A
Q6G Miotics/Other Intraoc. Pressure Reducers	A
Q6W Ophthalmic Antibiotics	A
Q6U Ophthalmic Mast Cell Stabilizers	A
Q6A Ophthalmic Preparations, Miscellaneous	A
WG8 Antiseptics, General	I
X5B/X5E Bandages and Related Supplies	I
Y5A Braces and Related Devices	I
W1I Chemotherapy Rescue/Antidote Agents	I
Y9A Diabetic Supplies	I
C5F/C5T Dietary Supplement, Miscellaneous	I
Y3A Durable Medical Equipment, Misc. (Group 1)	I
Y3C Durable Medical Equipment, Misc. (Group 2)	I
Y0A Durable Medical Equipment, Miscellaneous	I
X4B Incontinence Supplies	I
C5C Infant Formulas	I
W8F Irrigants	I
X5A, X5C, X6A, X8P, X8V Medical Supplies	I
X2A Needles/Needle less Devices	I
C5U Nutritional Therapy, Med Cond Special Formulation	I
X3A Ostomy Supplies	I
Y7A Respiratory Aids, Devices, Equipment	I
X2B Syringes and Accessories	I

TABLE 1.B PA Criteria --continued--

TD –Therapeutic Duplication PA Criteria
(Implemented 7/22/2003; Removed from PA to pharmacist overridable edit on 6/2004)

Angiotensin Converting Enzyme Inhibitors (ACEIS)
Angiotensin Receptor Blockers (ARBS)
Calcium Channel Blocking Agents
Anti-Hyperlipidemics
Osmotic Diuretics
Inorganic Salt Diuretics
Mercurial Diuretics
Carbonic Anhydrase Inhibitors
Thiazide and Related Diuretics
Potassium-Sparing Diuretics
Aminouracil Diuretics
Potassium-Sparing Diuretics in Combination
Loop Diuretics
Penicillins
Tetracyclines
Macrolides
Chloamphenicol and Derivatives
Aminoglycosides
Antitubercular Antibiotics
Streptogramins
Aminocyclitols
Vancomycin and Derivatives
Lincosamides
Polymyxin and Derivatives
Oxazolidinediones
Betalactams
Quinolones
Beta-Lactamase Inhibitors
Carbapenems (Thienamycins)
Cephalosporins – 1st Generation
Cephalosporins – 2nd Generation
Cephalosporins – 3rd Generation
Cephalosporins – 4th Generation
Absorbable Sulfonamides
Non-Absorbable Sulfonamides

TABLE 1.B PA Criteria --continued--

HD – High Dose PA Criteria
(Implemented 3/28/2003: Removed from PA to pharmacist overridable edit on 6/2004)

Exceptions (covered by specific PDL edits): Hydrocodone/APAP
Oxycodone/APAP
Oxycodone

Exemptions from Hard Edits or PA's (Soft Overridable Edits at Point of Sale by Pharmacists):

Class Code	Descriptions
J5D	Beta-Adrenergic Agents
Q8B	Ear Preparations, Misc Anti-infectives
Q8W	Ear Preparations, Antibiotics
Q8H	Ear Preparations, Local Anesthetics
Q6I	Eye Antibiotic-Corticoid Combinations
Q6R	Eye Antihistamines
Q6P	Eye Anti-inflammatory Agents
Q6V	Eye Antivirals
Q6H	Eye Local Anesthetics
Q6S	Eye Sulfonamides
Q6C	Eye Vasoconstrictors (Rx only)
Q6G	Miotics/Other Intraoc. Pressure Reducers
H2A	Central Nervous System Stimulants
J1B	Cholinesterase Inhibitors
32480, 32481	Guanfacine HCl
01390, 01391, 01392	Clonidine HCl
H2H, H7L, H7K, H7J	Monoamine Oxidase (MAO) Inhibitors
H2E, H2Q	Selective-Hypnotics, Non-Barbiturate
H2S, H7H	Serotonin Specific Reuptake Inhibitor
H7E	Serotonin-2 Antagonist/Reuptake Inhibitors
H7C	Serotonin-Norepinephrine Reuptake-Inhibitor
H2X	Tricyclic Antidepressant/Benzodiazepine Combinations
H2W	Tricyclic Antidepressant/Phenothiazine Combinations
H2U	Tricyclic Antidepressant & Rel. Non-Sel. Reuptake Inhibit
H2L, H2O	Anti-Psychotics, Non-Phenothiazines
H2G, H2I	Anti-Psychotics, Phenothiazines
H4B, H4C	Anticonvulsants
H7P	Barbiturates
A9A	Calcium Channel Blocking Agents
Q6W	Ophthalmic Antibiotics
Q6U	Ophthalmic Mast Cell Stabilizers
Q6A	Ophthalmic Preparations, Miscellaneous
H2F, H2P	Anti-Anxiety Drugs
H2M	Anti-Mania Drugs
H2V	Anti-Narcolepsy/Anti-Hyperkinesis Agents

TABLE 1.B PA Criteria --continued--

MX – Inappropriate Duration PA Criteria

34-Day Supply Limit for Non-Maintenance Medications PA Criteria
(Implemented 7/1/2002)

All non-maintenance drug claims associated with the PDL requiring quantities greater than a 34-day supply will deny and require PA at the pharmacy POS. As with BMN, two distinct PAs will be required for claim approval, one for the PDL and one for the 34-day supply limitation. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than a 34-day supply of the product.

All non-maintenance drug claims not associated with the PDL requiring quantities greater than a 34-day supply denies at the pharmacy POS and PA is required. PA will not be granted unless an extenuating circumstance exists to substantiate the need to dispense greater than the 34-day supply of the product.

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TABLE 1.C Miscellaneous Prior Authorization Programs

Explanatory note: As referenced in prior DUR Annual Reports, the first formal Indiana Medicaid drug prior authorization program was implemented as the "Indiana Rational Drug Program", or IRDP. Subsequently, a Preferred Drug List (PDL) was phased in over Federal Fiscal Years 2003 and 2004, and many of the components of the IRDP were incorporated into the PDL. Some discrete former components of the IRDP have been maintained apart from the PDL, are referred to as "Miscellaneous Prior Authorization Programs", and are as follows:

Carafate (Sucralfate):

- PA for all sucralfate
- Exclusions: 590 Program recipients

Cytotec:

- PA for all Cytotec
- Exclusions: 590 Program recipients

Growth Hormone:

- PA for all growth hormones
- Exclusions: 590 Program recipients

Synagis and Respigam

- All products – PA approved only between 10/15 – 4/30 annually for maximum of 6 doses.
- Exclusion: 590 Program recipients

Brand Medically Necessary:

- PA for all innovator, multiple-sourced drugs, and GPI 2 or 3 with State or Federal MAC rate
- Exclusions: 590 Program recipients; Claims for Coumadin, Provera, Synthroid; Tegretol; Lanoxin; Premarin; Dilantin, and claims with 06 override for BMN, and days supply of 4 or less.

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TABLE 2. RETROSPECTIVE DUR CRITERIA

(Check All Relevant Boxes)

	DRUG PROBLEM TYPE											
THERAPEUTIC CATEGORY	**ID** Insuf Dose	**IDU** Duration	**OU** OverUse	**UU** UnderUse	**DDI** Drug/Drug	**DDC** Drug/Dz	**TD** TherDup	**AG** AppGen	**O[1]** Thera Appr	**O[2]** DoseOp	**O[3]** Coordination of Care	**O[4]** PDL change
LOW MOLECULAR WEIGHT HEPARIN			**May 05**									
DIAGNOSIS OF DIABETES WITHOUT ACE or ARB									**June 05**			
NON-SEDATING ANTIHISTAMINES												**July 05**
Other – All drugs & all patients receiving 20+ prescriptions			**Jan 05**	**Jan 05**			**Jan 05**		**Jan 05**	**Jan 05**		
OTHER (specify)												

PROBLEM TYPE KEY

ID = Insufficient DOSE
IDU = Incorrect Duration
OU = Over Utilization
UU = Under Utilization
DDI = Drug/ Drug Interaction
DDC = Drug/ Disease Contradiction
TD = Therapeutic Duplication
AG = Appropriate Use of Generics

O = Other Problem Type
Specify: (1) Therapeutic Appropriateness (2) Dose Optimization (3) Coordination of Care (4) Change in PDL status

Attachment 1
Pharmacy Survey Information

ATTACHMENT 1. PHARMACY SURVEY INFORMATION

Monitoring Pharmacy Compliance with OBRA '90 Prospective DUR Requirements

Prospective DUR (ProDUR)

Indiana Medicaid does not require use of the electronic claims management point-of-sale (POS)/ProDUR system by Indiana Medicaid Pharmacy providers, but those that do use the system have the benefit of the ProDUR information at the POS, but must take appropriate action before the claim will pay.

ProDUR alerts require review by the pharmacy providers and result in a payable claim , depending on action taken by the pharmacist upon posting of a given ProDUR alert. Some ProDUR alerts result in a stopped claim that will not pay unless prior authorization is obtained.

Patient counseling portion of ProDUR

The Indiana Board of Pharmacy, in coordination with Indiana Medicaid, promulgated patient counseling regulations *(copy enclosed on next page)* that became effective January 1, 1993. These regulations ensure that pharmacists offer ProDUR counseling.

Indiana Board of Pharmacy is the controlling authority over the patient counseling regulations portion of OBRA ’90. The Board of Pharmacy inspects pharmacies and measures conformance with patient counseling requirements. See copy of inspection form (see attachment on page 29). The Indiana Board of Pharmacy has requested that the Consumer Protection Division of the Indiana Office of the Attorney General forward all consumer complaints regarding patient counseling activities directly to the Board of Pharmacy. Joshua M. Bolin, Director, Indiana Board of Pharmacy reviewed all relevant records and determined that no complaints against pharmacists or pharmacies had been filed due to a lack of patient counseling during FFY2005.

ATTACHMENT 1 –continued–

Indiana Administrative Code RE: Counseling

TITLE 856 INDIANA BOARD OF PHARMACY

Last Updated February 1, 2004

- ARTICLE 1. PHARMACIES AND PHARMACISTS

Rule 33. Counseling

Title 856 IAC 1-33-1 "Counseling" defined

Authority: IC 25-26-13-4
Affected: IC 25-26-13-4

Sec. 1. As used in this rule, "counseling" means effective communication, by a pharmacist, of information in order to improve therapeutic outcomes by maximizing the proper use of prescription medications and devices. *(Indiana Board of Pharmacy; 856 IAC 1-33-1; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330)*

856 IAC 1-33-2 Patient counseling requirements

Authority: IC 25-26-13-4
Affected: IC 25-26-13-16

Sec. 2. (a) Upon the receipt of a prescription or upon the subsequent refilling of a prescription, and following a review of the patient's prescription medication profile, the pharmacist shall be responsible for the initiation of an offer to discuss matters (counsel) which, in the pharmacist's professional judgment, are significant to optimizing drug therapy. Depending upon the situation, these matters may include, but are not necessarily limited to, the following:

(1) The name and description of the medicine.
(2) The route, dosage form, dosage, route of administration, and duration of drug therapy.
(3) Special directions and precautions.
(4) Common adverse effects or interactions and therapeutic contraindications that may be encountered, including their avoidance and the action required if they occur.
(5) Techniques for self-monitoring drug therapy.
(6) Proper storage.
(7) Prescription refill information.
(8) Action to be taken in the event of a missed dose.

(b) Counseling shall be in person, whenever practicable, or through access to a telephone service which is toll free for long distance calls, and be held with the patient, the patient's caregiver, or the patient's representative.

(c) Alternative forms of patient information may be used to supplement verbal counseling when appropriate. Examples include written information leaflets, pictogram labels, and video programs. Nothing in this subsection shall be construed to mean that supplements may be a substitute for verbal counseling when verbal counseling is practicable.

(d) Nothing in this rule shall be construed as requiring a pharmacist to provide counseling when a patient refuses the offer to counsel. *(Indiana Board of Pharmacy; 856 IAC 1-33-2; filed Dec 1, 1992, 5:00 p.m.: 16 IR 1176; readopted filed Nov 13, 2001, 3:55 p.m.: 25 IR 1330)*

CMS FFY 2005 - INDIANA MEDICAID DUR PROGRAMS

INDIANA BOARD OF PHARMACY INSPECTION REPORT State Form 35890 (RA4/3-.95)		Name of pharmacy Address *(number and street.* city. *state. ZIP* code)			
Today's date and time	County		Telephone number	DEA number	
CSR number	I.D. number	Type	Total weekly hours	Gen. appearance	Open for bus.

NAMES OF PHARMACISTS EMPLOYED		LICENSE NO.	PRESENT	ABSENT	WEEKLY HOURS	LICENSE CURRENT
MANAGER						
OTHERS						
	.					

	YES	NO
1. Are all certificates property displayed, current and correct?		
2. 1s the pharmacy equipped as required by law?		
3. Are Rx files properly kept?		
Including name and address of patient filed numerically and chronologically?		
Retained over a period of 2 years?		
Indicate type of filing system used:		
4. Are refills of Rx properly recorded?		
Where?		
5. Are Rxs being refilled beyond date of validity?		
6. Are refills being properly documented?		
7. If Sch. II Emer. Rx filled, are proper records kept?		
8. How do you handle return medications?		
9. Is proper Rx format used (i.e. *generic law)?*		
Are generic substitutions properly documented?		
10. Date of last inventory:		
11. Are federal DEA order forms properly kept?		
12. Pharmacy documents *(orders, invoices, sales to doctors*) reviewed?		
Any deficiencies found?		
If yes, what?		
13. Schedule V register kept?		
Entries for the last 3 months:		
14. Are Schedule V sales controlled by the pharmacist?		
15. Are current reference books and laws available?		
16. Are pharmacy technicians used?		
How many?		
Are pharmacy technicians operating within the scope of the law / regulations?		
Records of technicians and training reviewed?		
17. Are all pharmaceuticals in date and stored as required?		
18. Previous violations been corrected since last inspection?		
19. Is computer in use? Type:		
20. Are computer records properly kept?		
Including on line retrieval of Rx status?		
Printout of Rx order and refill data for each day's dispensing?		
21. Are all Rxs verified by pharmacist? .		
22. Are Rx transfers properly performed?		
23. OBRA compliance?		
Are patient profiles maintained?		
Patient counseling being offered?		
24. Is practice of site consistent with permit type?		

All irregularities in number or type of Rxs on file and other comments:

Signature of owner, Pharmacist or employee	Signature of inspector

Attachment 2:
ProDUR Activity

CMS FFY 2005 - INDIANA MEDICAID DUR PROGRAMS

ATTACHMENT 2.1.A

ProDUR ACTIVITY SUMMARY REPORT

ACS Government Healthcare Solutions, PBM Group

RXRQ4098-R001

ALL DRUG CONFLICT CODES SUMMARY

FEDERAL FISCAL YEAR 10-01-2004 TO 09-30-2005

CONFLICT CODES	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED*	TOT PCT
DC - DRUG-DISEASE (INFERRED)	17,296	14,473	83.6	2,823	16.3	14,228	98.3	1	2,116,525	0.8
DD - DRUG-DRUG INTERACTION	2,760,643	2,519,468	91.2	241,175	8.7	150,930	5.9	85,836	15,725,132	17.5
ER - OVERUSE - EARLY REFILL	263,050	172,652	65.6	90,398	34.3	24,620	14.2	1,783	16,279,963	1.6
HD - HIGH DOSE	310,395	234,656	75.5	75,739	24.4	189,661	80.8	10	15,520,315	1.9
ID - INGREDIENT DUPLICATION	562,909	562,909	100.0	0	0.0	141,362	25.1	27,127	14,331,049	3.9
LD - LOW DOSE	246,704	246,704	100.0	0	0.0	19,402	7.8	15,212	15,393,577	1.6
LR - UNDERUSE	1,119,520	1,119,520	100.0	0	0.0	82,273	7.3	32,590	16,286,728	6.8
MX - EXCESSIVE DURATION	294	294	100.0	0	0.0	37	12.5	18	611,683	0.0
PA - DRUG-AGE	22,012	22,012	100.0	0	0.0	21,734	98.7	25	6,097,143	0.3
PG - DRUG-PREGNANCY	12,826	8,574	66.8	4,252	33.1	8,541	99.6	0	6,420,417	0.1
SX - DRUG-GENDER	2,331	2,331	100.0	0	0.0	84	3.6	155	417,043	0.5
TD - THERAPEUTIC DUPLICATION	1,141,976	1,141,976	100.0	0	0.0	441,076	38.6	42,753	16,148,830	7.0
	6,459,956	6,045,569	93.5	414,387	6.4	1,093,948	18.0	205,510	18,429,880	35.0
*******UNIQUE TOTAL SUMMARY**	**5,281,236**	**5,021,361**	**95.0**	**259,875**	**4.9**	**814,214**	**16.2**	**171,844**	**18,429,880#**	**28.6^**

PLEASE NOTE:

1. A Claim Is Counted As Denied Only If It Is Not Followed By A Paid Claim For The Same Individual/Date Of Service/Drug Combination.
2. A Claim Is Counted As Reversed Only If It Has Been Reversed Within 24 Hours (A Same Day Reversal).
3. A Denied Claim Is Counted As Denied Only Once If Followed By Multiple Denies For The Same Individual/Date Of Service/Drug Combination.
4. RQ4098 reports the activity of **ALL** conflict codes, whereas, MU1000 reports only conflict codes where savings occur; therefore, the two reports, MU1000 and RQ4098 are not always comparable, and paid and reversed claim numbers will not always match.
5. ^ TOT PCT = (Total CONFLICT MESSAGES/CLAIMS SCREENED)*100%
6. * CLAIMS SCREENED = Claims hitting a conflict message that were screened by the dispensing pharmacist.
7. # TOTAL UNIQUE CLAIMS SCREENED – claims may be screened for multiple DUR edits or conflict codes.

ATTACHMENT 2.1.B. ProDUR Activity Detail: DUR Conflict Code by Therapeutic Class

DRUG CONFLICT CODE: DC or DRUG-DISEASE (INFERRED)

FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A1C - INOTROPIC DRUGS	1	0	0.0	1	100.0	0	0.0	0	11	9.0
A2A - ANTIARRHYTHMICS	44	15	34.0	29	65.9	15	100.0	0	24,835	0.1
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	1	1	100.0	0	0.0	1	100.0	0	129,026	0.0
A4K - ACE INHIBITOR/CALCIUM CHANNEL	9	9	100.0	0	0.0	9	100.0	0	36,773	0.0
C1A - ELECTROLYTE DEPLETERS	94	72	76.5	22	23.4	71	98.6	0	28,465	0.3
C1B - SODIUM/SALINE PREPARATIONS	6	3	50.0	3	50.0	0	0.0	0	17,241	0.0
C1F - CALCIUM REPLACEMENT	2	0	0.0	2	100.0	0	100.0	0	156,962	0.0
C1H - MAGNESIUM SALTS REPLACEMENT	122	64	52.4	58	47.5	63	98.4	0	10,372	1.1
C1W - ELECTROLYTE MAINTENANCE	1	1	100.0	0	0.0	0	0.0	0	2,985	0.0
C5B - PROTEIN REPLACEMENT	18	18	100.0	0	0.0	0	0.0	0	503	3.5
C5J - IV SOLUTIONS: DEXTROSE-WATER	11	11	100.0	0	0.0	5	45.4	0	2,688	0.4
D6D - ANTIDIARRHEALS	142	129	90.8	13	9.1	129	100.0	0	38,122	0.3
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	208	166	79.8	42	20.1	163	98.1	0	146,247	0.1
H2F - ANTI-ANXIETY DRUGS	6,793	5,615	82.6	1,178	17.3	5,579	99.3	0	438,726	1.5
H2U - TRICYCLIC ANTIDEPRESSANTS & R	518	415	80.1	103	19.8	401	96.6	0	116,871	0.4
H3F - ANTIMIGRAINE PREPARATIONS	1	1	100.0	0	0.0	1	100.0	0	48,260	0.0
H6A - ANTIPARKINSONISM DRUGS,OTHER	195	182	93.3	13	6.6	178	97.8	0	61,935	0.3
H6H - SKELETAL MUSCLE RELAXANTS	136	119	87.5	17	12.5	119	100.0	0	227,330	0.0
H7C - SEROTONIN-NOREPINEPHRINE REUP	2,757	2,246	81.4	511	18.5	2,197	97.8	0	154,522	1.7
H7D - NOREPINEPHRINE AND DOPAMINE R	44	33	75.0	11	25.0	33	100.0	0	99,399	0.0
H7J - MAOIS - NON-SELECTIVE & IRREV	5	1	20.0	4	80.0	1	100.0	0	229	2.1
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	303	269	88.7	34	11.2	257	95.5	0	30,172	1.0
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	4	4	100.0	0	0.0	4	100.0	0	5,285	0.0
J8A - ANOREXIC AGENTS	18	0	0.0	18	100.0	0	0.0	0	2,144	0.8
J9A - INTESTINAL MOTILITY STIMULANT	5,317	4,609	86.6	708	13.3	4,549	98.6	0	65,890	8.0
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.	2	2	100.0	0	0.0	2	100.0	0	56,860	0.0
M9S - HEMORRHEOLOGIC AGENTS	1	1	100.0	0	0.0	1	100.0	0	7,349	0.0
P0A - FERTILITY STIMULATING PREPARA	8	0	0.0	8	100.0	0	0.0	0	125	6.4
P3L - ANTITHYROID PREPARATIONS	55	49	89.0	6	10.9	49	100.0	0	3,665	1.5
Q5W - TOPICAL ANTIBIOTICS	30	26	86.6	4	13.3	26	100.0	0	72,740	0.0
Q6W - OPHTHALMIC ANTIBIOTICS	157	147	93.6	10	6.3	146	99.3	0	47,502	0.3
R1E - CARBONIC ANHYDRASE INHIBITORS	2	2	100.0	0	0.0	2	100.0	0	4,232	0.0
R1H - POTASSIUM SPARING DIURETICS	193	172	89.1	21	10.8	167	97.0	0	49,129	0.3
R1S - URINARY PH MODIFIERS	1	1	100.0	0	0.0	1	100.0	0	2,969	0.0
S2C - GOLD SALTS	11	10	90.9	1	9.0	10	100.0	0	93	11.8
V1B - ANTIMETABOLITES	2	2	100.0	0	0.0	2	100.0	0	12,320	0.0
W1F - AMINOGLYCOSIDES	70	65	92.8	5	7.1	38	58.4	1	5,617	1.2
W1N - POLYMYXIN AND DERIVATIVES	4	4	100.0	0	0.0	0	0.0	0	245	1.6
W8F - IRRIGANTS	6	5	83.3	1	16.6	5	100.0	0	5,387	0.1
Z2G - IMMUNOMODULATORS	4	4	100.0	0	0.0	4	100.0	0	3,299	0.1
DC - DRUG-DISEASE (INFERRED)	**17,296**	**14,473**	**83.6**	**2,823**	**16.3**	**14,228**	**98.3**	**1**	**2,116,525**	**0.8**

RXRQ4098-R001
AS OF2005-09-30

INDIANA MEDICAID - OMPP
ACS PRESCRIPTION BENEFIT MANAGEMENT

RUN DATE 04/10/2006

DRUG CONFLICT CODE DD or DRUG-DRUG INTERACTION

FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A1A - DIGITALIS GLYCOSIDES	51,122	47,604	93.1	3,518	6.8	1,567	3.2	1,029	85,864	59.5
A1B - XANTHINES	4,010	3,782	94.3	228	5.6	91	2.4	163	24,186	16.5
A1D - GENERAL BRONCHODILATOR AGENTS	38	34	89.4	4	10.5	1	2.9	0	66,649	0.0
A2A - ANTIARRHYTHMICS	12,086	10,446	86.4	1,640	13.5	173	1.6	389	24,835	48.6
A4A - HYPOTENSIVES,VASODILATORS	2,496	2,347	94.0	149	5.9	153	6.5	106	14,725	16.9
A4B - HYPOTENSIVES,SYMPATHOLYTIC	18,583	17,023	91.6	1,560	8.3	892	5.2	527	97,481	19.0
A4D - HYPOTENSIVES, ACE INHIBITORS	153,075	141,434	92.3	11,641	7.6	4,641	3.2	4,013	396,286	38.6
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	29,595	22,215	75.0	7,380	24.9	507	2.2	998	129,026	22.9
A4K - ACE INHIBITOR/CALCIUM CHANNEL	10,983	9,523	86.7	1,460	13.2	170	1.7	346	36,773	29.8
A4Y - HYPOTENSIVES,MISCELLANEOUS	3,457	3,216	93.0	241	6.9	25	0.7	121	13,567	25.4
A7B - VASODILATORS,CORONARY	23	23	0.0	0	0.0	5	21.7	1	149,452	0.0
A7J - VASODILATORS, COMBINATION	12	5	41.6	7	58.3	0	0.0	2	50	24.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	62,827	58,471	93.0	4,356	6.9	3,071	5.2	1,462	277,409	22.6
B1B - PULMONARY ANTI-HTN, ENDOTHELI	14	7	50.0	7	50.0	0	0.0	2	831	1.6
B3J - EXPECTORANTS	1,473	1,186	80.5	287	19.4	24	2.0	93	142,574	1.0
B3K - COUGH AND/OR COLD PREPARATION	4,503	4,241	94.1	262	5.8	143	3.3	325	171,838	2.6
B3R - NON-NARC ANTITUSS-1ST GEN. AN	5	3	60.0	2	40.0	0	0.0	0	3,667	0.1
B3T - NON-NARCOTIC ANTITUSSIVE AND	2	2	0.0	0	0.0	0	0.0	0	1,511	0.1
B4Q - NARCOTIC ANTITUSS-DECONGESTAN	11	11	0.0	0	0.0	1	9.0	4	80	13.7
B4R - NON-NARCOTIC ANTITUSS-DECONGE	2	2	0.0	0	0.0	0	0.0	0	23	8.6
B4S - NARCOTIC ANTITUSSIVE-EXPECTOR	1	1	0.0	0	0.0	0	0.0	0	76	1.3
B4W - DECONGESTANT-EXPECTORANT COMB	36	36	0.0	0	0.0	0	0.0	5	394	9.1
C0B - WATER	6	6	0.0	0	0.0	0	0.0	0	3,089	0.1
C0D - ANTI-ALCOHOLIC PREPARATIONS	25	16	64.0	9	36.0	0	0.0	0	1,691	1.4
C0K - BICARBONATE PRODUCING/CONTAIN	20	19	95.0	1	5.0	0	0.0	0	970	2.0
C1A - ELECTROLYTE DEPLETERS	3,306	3,035	91.8	271	8.1	93	3.0	300	28,465	11.6
C1B - SODIUM/SALINE PREPARATIONS	150	139	92.6	11	7.3	0	0.0	6	17,241	0.8
C1D - POTASSIUM REPLACEMENT	77,359	72,760	94.0	4,599	5.9	1,087	1.4	1,837	227,510	34.0
C1F - CALCIUM REPLACEMENT	53,278	51,199	96.0	2,079	3.9	207	0.4	1,184	156,962	33.9
C1H - MAGNESIUM SALTS REPLACEMENT	1,534	890	58.0	644	41.9	39	4.3	40	10,372	14.7
C1P - PHOSPHATE REPLACEMENT	113	102	90.2	11	9.7	1	0.9	4	906	12.4
C1W - ELECTROLYTE MAINTENANCE	2	2	0.0	0	0.0	0	0.0	0	2,985	0.0
C3B - IRON REPLACEMENT	23,156	21,809	94.1	1,347	5.8	609	2.7	570	111,807	20.7
C3C - ZINC REPLACEMENT	908	874	96.2	34	3.7	0	0.0	17	14,317	6.3
C3H - IODINE CONTAINING AGENTS	18	17	94.4	1	5.5	0	0.0	2	271	6.6
C4G - INSULINS	105,292	96,727	91.8	8,565	8.1	650	0.6	4,820	256,392	41.0
C4H - ANTIHYPERGLYCEMIC, AMYLIN ANA	21	5	23.8	16	76.1	1	20.0	0	143	14.6
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	74,201	68,335	92.0	5,866	7.9	645	0.9	2,301	164,586	45.0
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	5,936	5,467	92.0	469	7.9	75	1.3	190	120,156	4.9
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	434	394	90.7	40	9.2	21	5.3	24	2,432	17.8
C4N - HYPOGLYCEMICS, INSULIN-RESPON	23,794	20,773	87.3	3,021	12.6	142	0.6	787	100,226	23.7
C5B - PROTEIN REPLACEMENT	24	21	87.5	3	12.5	0	0.0	0	503	4.7
C5C - INFANT FORMULAS	6	0	0.0	6	0.0	0	0.0	0	811	0.7
C5F - DIETARY SUPPLEMENT, MISCELLAN	28	0	0.0	28	0.0	0	0.0	0	4,914	0.5
C5J - IV SOLUTIONS: DEXTROSE-WATER	209	207	99.0	2	0.9	6	2.8	10	2,688	7.7
C5K - IV SOLUTIONS: DEXTROSE-SALINE	7	7	0.0	0	0.0	0	0.0	1	2,367	0.2
C5U - NUTRITIONAL THERAPY, MED COND	2	0	0.0	2	0.0	0	0.0	0	496	0.4
C6B - VITAMIN B PREPARATIONS	1,270	1,168	91.9	102	8.0	6	0.5	48	32,587	3.8
C6E - VITAMIN E PREPARATIONS	981	947	96.5	34	3.4	1	0.1	16	26,290	3.7
C6F - PRENATAL VITAMIN PREPARATIONS	1,752	1,615	92.1	137	7.8	317	19.6	89	60,040	2.9
C6G - GERIATRIC VITAMIN PREPARATION	755	728	96.4	27	3.5	0	0.0	22	5,255	14.3
C6H - PEDIATRIC VITAMIN PREPARATION	464	437	94.1	27	5.8	0	0.0	18	15,028	3.0
C6K - VITAMIN K PREPARATIONS	567	545	96.1	22	3.8	1	0.1	28	1,782	31.8
C6M - FOLIC ACID PREPARATIONS	3,870	3,710	95.8	160	4.1	14	0.3	54	45,818	8.4
C6N - NIACIN PREPARATIONS	952	904	94.9	48	5.0	11	1.2	60	2,312	41.1

RXRQ4098-R001
AS OF2005-09-30

INDIANA MEDICAID - OMPP
ACS PRESCRIPTION BENEFIT MANAGEMENT

RUN DATE 04/10/2006

DRUG CONFLICT CODE DD or DRUG-DRUG INTERACTION

FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
C6Q - VITAMIN B6 PREPARATIONS	158	151	95.5	7	4.4	0	0.0	1	5,520	2.8
C6Z - MULTIVITAMIN PREPARATIONS	19,653	19,182	97.6	471	2.3	31	0.1	394	245,013	8.0
C7A - HYPERURICEMIA TX - PURINE INH	4,060	3,755	92.4	305	7.5	61	1.6	77	29,975	13.5
C8A - METALLIC POISON,AGENTS TO TRE	14	14	0.0	0	0.0	0	0.0	4	601	2.3
D1A - PERIODONTAL COLLAGENASE INHIB	279	269	96.4	10	3.5	0	0.0	14	1,096	25.4
D4B - ANTACIDS	9,037	8,703	96.3	334	3.6	41	0.4	247	38,056	23.7
D4E - ANTI-ULCER PREPARATIONS	1,865	1,567	84.0	298	15.9	96	6.1	112	16,973	10.9
D4F - ANTI-ULCER-H.PYLORI AGENTS	342	120	35.0	222	64.9	6	5.0	3	1,761	19.4
D4K - GASTRIC ACID SECRETION REDUCE	7,986	6,898	86.3	1,088	13.6	94	1.3	286	712,286	1.1
D5A - FAT ABSORPTION DECREASING AGE	6	0	0.0	6	0.0	0	0.0	0	476	1.2
D5P - INTESTINAL ADSORBENTS AND PRO	2	2	0.0	0	0.0	0	0.0	0	52	3.8
D6D - ANTIDIARRHEALS	2,124	2,010	94.6	114	5.3	94	4.6	124	38,122	5.5
D6F - DRUG TX-CHRONIC INFLAM. COLON	334	317	94.9	17	5.0	16	5.0	19	7,314	4.5
D6S - LAXATIVES AND CATHARTICS	7,935	7,457	93.9	478	6.0	91	1.2	189	395,499	2.0
D7L - BILE SALT SEQUESTRANTS	2,902	2,215	76.3	687	23.6	5	0.2	136	9,317	31.1
F1A - ANDROGENIC AGENTS	71	66	92.9	5	7.0	0	0.0	5	4,945	1.4
F2A - DRUGS TO TREAT IMPOTENCY	233	0	0.0	233	0.0	0	0.0	0	4,140	5.6
G1A - ESTROGENIC AGENTS	6,871	6,409	93.2	462	6.7	81	1.2	220	74,376	9.2
G1B - ESTROGEN/ANDROGEN COMBINATION	49	0	0.0	49	0.0	0	0.0	0	1,006	4.8
G2A - PROGESTATIONAL AGENTS	10	10	0.0	0	0.0	0	0.0	1	10,022	0.0
G3A - OXYTOCICS	1	1	0.0	0	0.0	0	0.0	0	610	0.1
G8A - CONTRACEPTIVES,ORAL	7,958	7,294	91.6	664	8.3	206	2.8	234	77,766	10.2
G8C - CONTRACEPTIVES,INJECTABLE	256	225	87.8	31	12.1	0	0.0	19	12,979	1.9
G8F - CONTRACEPTIVES,TRANSDERMAL	1,223	1,101	90.0	122	9.9	18	1.6	45	23,335	5.2
G9B - CONTRACEPTIVES, INTRAVAGINAL,	103	92	89.3	11	10.6	6	6.5	5	2,357	4.3
H0A - LOCAL ANESTHETICS	1,079	1,003	92.9	76	7.0	4	0.3	42	11,237	9.6
H0E - AGENTS TO TREAT MULTIPLE SCLE	4	4	0.0	0	0.0	0	0.0	0	10,468	0.0
H1A - ALZHEIMER'S THERAPY, NMDA REC	157	122	77.7	35	22.2	4	3.2	4	32,481	0.4
H2C - GENERAL ANESTHETICS,INJECTABL	6	4	66.6	2	33.3	0	0.0	0	159	3.7
H2D - BARBITURATES	6,514	6,225	95.5	289	4.4	18	0.2	251	32,688	19.9
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	894	799	89.3	95	10.6	41	5.1	46	146,247	0.6
H2F - ANTI-ANXIETY DRUGS	20,733	18,722	90.3	2,011	9.6	576	3.0	984	438,726	4.7
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	11,096	9,938	89.5	1,158	10.4	1,720	17.3	385	35,305	31.4
H2L - ANTI-PSYCHOTICS,NON-PHENOTHIA	1	0	0.0	1	0.0	0	0.0	0	28	3.5
H2M - ANTI-MANIA DRUGS	20,366	18,653	91.5	1,713	8.4	148	0.7	1,341	40,116	50.7
H2S - SELECTIVE SEROTONIN REUPTAKE	220,667	201,758	91.4	18,909	8.5	11,411	5.6	6,072	1	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	41,348	37,568	90.8	3,780	9.1	1,718	4.5	1,297	116,871	35.3
H2V - TX FOR ATTENTION DEFICIT-HYPE	2,359	2,188	92.7	171	7.2	88	4.0	153	124,550	1.8
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	887	831	93.6	56	6.3	25	3.0	42	2,087	42.5
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	310	290	93.5	20	6.4	7	2.4	17	802	38.6
H3A - ANALGESICS,NARCOTICS	59,807	52,192	87.2	7,615	12.7	13,653	26.1	2,093	1,509,899	3.9
H3D - ANALGESIC/ANTIPYRETICS, SALIC	87,713	83,992	95.7	3,721	4.2	1,401	1.6	1,778	194,495	45.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	3,516	3,188	90.6	328	9.3	306	9.5	243	197,096	1.7
H3F - ANTIMIGRAINE PREPARATIONS	8,285	6,169	74.4	2,116	25.5	320	5.1	593	48,260	17.1
H3H - ANALGESICS NARCOTIC, ANESTHET	1	1	0.0	0	0.0	0	0.0	0	9	11.1
H3N - ANALGESICS, NARCOTIC AGONIST	1,838	1,582	86.0	256	13.9	258	16.3	111	7,312	25.1
H3T - NARCOTIC ANTAGONISTS	42	4	9.5	38	90.4	1	25.0	0	2,511	1.6
H4B - ANTICONVULSANTS	121,157	113,712	93.8	7,445	6.1	2,316	2.0	4,433	845,043	14.3
H6A - ANTIPARKINSONISM DRUGS,OTHER	8,026	7,536	93.8	490	6.1	130	1.7	213	61,935	12.9
H6B - ANTIPARKINSONISM DRUGS,ANTICH	16,384	15,217	92.8	1,167	7.1	117	0.7	377	61,731	26.5
H6C - ANTITUSSIVES,NON-NARCOTIC	9	6	66.6	3	33.3	0	0.0	1	16,310	0.0
H6H - SKELETAL MUSCLE RELAXANTS	35,599	31,999	89.8	3,600	10.1	1,786	5.5	1,102	227,330	15.6
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	5,782	5,369	92.8	413	7.1	180	3.3	447	82,921	6.9
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	2,580	2,324	90.0	256	9.9	179	7.7	90	91,778	2.8
H7C - SEROTONIN-NOREPINEPHRINE REUP	20,879	18,469	88.4	2,410	11.5	3,501	18.9	712	154,522	13.5

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H7D - NOREPINEPHRINE AND DOPAMINE R	52,613	47,828	90.9	4,785	9.0	2,352	4.9	1,933	99,399	52.9
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	43,347	39,263	90.5	4,084	9.4	1,297	3.3	1,563	114,844	37.7
H7J - MAOIS - NON-SELECTIVE & IRREV	49	37	75.5	12	24.4	1	2.7	0	229	21.3
H7N - SMOKING DETERRENTS, OTHER	334	251	75.1	83	24.8	8	3.1	46	1,008	33.1
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	13,477	12,300	91.2	1,177	8.7	1,608	13.0	513	30,172	44.6
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	554	511	92.2	43	7.7	67	13.1	28	5,285	10.4
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP	65	22	33.8	43	66.1	11	50.0	2	569	11.4
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	184	175	95.1	9	4.8	15	8.5	22	741	24.8
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	113,909	102,402	89.8	11,507	10.1	33,320	32.5	3,029	1	0.0
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	1,137	1,048	92.1	89	7.8	83	7.9	59	3,273	34.7
H7W - ANTI-NARCOLEPSY & ANTI-CATAPL	23	3	13.0	20	86.9	0	0.0	0	314	7.3
H7X - ANTIPSYCHOTICS, ATYP, D2 PART	12,799	11,744	91.7	1,055	8.2	266	2.2	567	68,875	18.5
H7Y - TX FOR ATTENTION DEFICIT-HYPE	2,318	2,115	91.2	203	8.7	48	2.2	96	55,994	4.1
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	2,249	2,049	91.1	200	8.8	125	6.1	218	4,989	45.0
H8A - ANTI-ANXIETY (ANXIOLYTIC) AND	33	29	87.8	4	12.1	2	6.8	4	326	10.1
J1B - CHOLINESTERASE INHIBITORS	207	182	87.9	25	12.0	5	2.7	16	106,827	0.1
J2A - BELLADONNA ALKALOIDS	1,282	968	75.5	314	24.4	9	0.9	54	16,927	7.5
J2B - ANTICHOLINERGICS,QUATERNARY A	217	128	58.9	89	41.0	1	0.7	8	5,852	3.7
J2D - ANTICHOLINERGICS/ANTISPASMODI	1,355	1,261	93.0	94	6.9	4	0.3	49	16,765	8.0
J5A - ADRENERGIC AGENTS,CATECHOLAMI	25	23	92.0	2	8.0	0	0.0	2	127	19.6
J5B - ADRENERGICS, AROMATIC, NON-CA	15,784	14,624	92.6	1,160	7.3	661	4.5	1,039	100,713	15.6
J5D - BETA-ADRENERGIC AGENTS	23,280	20,760	89.1	2,520	10.8	333	1.6	1,026	374,917	6.2
J5E - SYMPATHOMIMETIC AGENTS	42	37	88.0	5	11.9	1	2.7	1	11,270	0.3
J5F - ANAPHYLAXIS THERAPY AGENTS	482	465	96.4	17	3.5	3	0.6	28	3,565	13.5
J5G - BETA-ADRENERGICS AND GLUCOCOR	13,071	11,002	84.1	2,069	15.8	290	2.6	365	80,267	16.2
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN	12,712	9,949	78.2	2,763	21.7	742	7.4	389	1	0.0
J7B - ALPHA-ADRENERGIC BLOCKING AGE	722	648	89.7	74	10.2	13	2.0	27	25,041	2.8
J7C - BETA-ADRENERGIC BLOCKING AGEN	104,373	95,249	91.2	9,124	8.7	3,052	3.2	2,363	341,529	30.5
J8A - ANOREXIC AGENTS	491	0	0.0	491	0.0	0	0.0	0	2,144	22.9
J9A - INTESTINAL MOTILITY STIMULANT	1,058	1,000	94.5	58	5.4	96	9.6	29	65,890	1.6
J9B - ANTISPASMODIC AGENTS	109	54	49.5	55	50.4	0	0.0	2	302	36.0
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.	121	117	96.6	4	3.3	0	0.0	8	56,860	0.2
L1A - ANTIPSORIATIC AGENTS,SYSTEMIC	5	0	0.0	5	0.0	0	0.0	0	426	1.1
L1B - ACNE AGENTS,SYSTEMIC	36	10	27.7	26	72.2	1	10.0	1	560	6.4
L2A - EMOLLIENTS	4	1	25.0	3	75.0	0	0.0	0	20,390	0.0
L3A - PROTECTIVES	30	29	96.6	1	3.3	0	0.0	1	3,081	0.9
L3P - ANTIPRURITICS,TOPICAL	192	180	93.7	12	6.2	0	0.0	14	1,214	15.8
L5G - ROSACEA AGENTS, TOPICAL	4	1	25.0	3	75.0	0	0.0	0	3,228	0.1
L6A - IRRITANTS/COUNTER-IRRITANTS	24	0	0.0	24	0.0	0	0.0	0	3,882	0.6
M4E - LIPOTROPICS	91,016	81,681	89.7	9,335	10.2	27,103	33.1	1,549	504,607	18.0
M4G - HYPERGLYCEMICS	280	274	97.8	6	2.1	0	0.0	10	6,895	4.0
M4I - ANTIHYPERLIP(HMGCOA) & CALCIU	893	847	94.8	46	5.1	10	1.1	48	3,763	23.7
M9F - THROMBOLYTIC ENZYMES	67	61	91.0	6	8.9	6	9.8	5	204	32.8
M9K - HEPARIN AND RELATED PREPARATI	7,247	6,686	92.2	561	7.7	114	1.7	598	23,671	30.6
M9L - ORAL ANTICOAGULANTS,COUMARIN	77,355	71,284	92.1	6,071	7.8	676	0.9	2,582	154,546	50.0
M9P - PLATELET AGGREGATION INHIBITO	35,661	32,965	92.4	2,696	7.5	113	0.3	820	136,143	26.1
M9S - HEMORRHEOLOGIC AGENTS	44	42	95.4	2	4.5	0	0.0	0	7,349	0.5
P1B - SOMATOSTATIC AGENTS	71	63	88.7	8	11.2	0	0.0	11	559	12.7
P1F - PITUITARY SUPPRESSIVE AGENTS	39	19	48.7	20	51.2	2	10.5	9	2,553	1.5
P3A - THYROID HORMONES	73,251	69,557	94.9	3,694	5.0	480	0.6	1,730	264,048	27.7
P3L - ANTITHYROID PREPARATIONS	1,086	989	91.0	97	8.9	37	3.7	32	3,665	29.6
P4L - BONE RESORPTION INHIBITORS	473	441	93.2	32	6.7	2	0.4	9	138,067	0.3
P5A - GLUCOCORTICOIDS	32,797	30,670	93.5	2,127	6.4	347	1.1	1,542	205,472	15.9
P5S - MINERALOCORTICOIDS	321	307	95.6	14	4.3	16	5.2	6	5,097	6.2
P6A - PINEAL HORMONE AGENTS	29	0	0.0	29	0.0	0	0.0	0	212	13.6

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Q3A - RECTAL PREPARATIONS	806	613	76.0	193	23.9	0	0.0	38	9,026	8.9
Q3B - RECTAL/LOWER BOWEL PREP.,GLUC	19	18	94.7	1	5.2	0	0.0	5	94	20.2
Q3D - HEMORRHOIDAL PREPARATIONS	114	108	94.7	6	5.2	0	0.0	6	2,212	5.1
Q3E - CHRONIC INFLAM. COLON DX, 5-A	19	18	94.7	1	5.2	0	0.0	2	499	3.8
Q3H - HEMORRHOIDALS, LOCAL RECTAL A	19	17	89.4	2	10.5	0	0.0	3	410	4.6
Q4F - VAGINAL ANTIFUNGALS	324	292	90.1	32	9.8	1	0.3	46	9,899	3.2
Q4K - VAGINAL ESTROGEN PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	5,504	0.0
Q4W - VAGINAL ANTIBIOTICS	11	2	18.1	9	81.8	0	0.0	0	6,753	0.1
Q5A - TOPICAL PREPARATIONS,MISCELLA	8	0	0.0	8	0.0	0	0.0	0	1,237	0.6
Q5B - TOPICAL PREPARATIONS,ANTIBACT	2	0	0.0	2	0.0	0	0.0	0	2,255	0.0
Q5F - TOPICAL ANTIFUNGALS	260	254	97.6	6	2.3	0	0.0	12	112,361	0.2
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE	28	26	92.8	2	7.1	1	3.8	4	15,822	0.1
Q5P - TOPICAL ANTI-INFLAMMATORY STE	8	7	87.5	1	12.5	0	0.0	0	1	0.0
Q5S - TOPICAL SULFONAMIDES	96	83	86.4	13	13.5	0	0.0	4	12,157	0.7
Q5W - TOPICAL ANTIBIOTICS	32	26	81.2	6	18.7	1	3.8	2	72,740	0.0
Q6C - EYE VASOCONSTRICTORS (RX ONLY	11	9	81.8	2	18.1	1	11.1	1	162	6.7
Q6D - EYE VASOCONSTRICTORS (OTC ONL	20	15	75.0	5	25.0	0	0.0	2	495	4.0
Q6G - MIOTICS/OTHER INTRAOC. PRESSU	3,414	3,076	90.0	338	9.9	356	11.5	138	73,374	4.6
Q6P - EYE ANTIINFLAMMATORY AGENTS	170	160	94.1	10	5.8	18	11.2	8	14,084	1.2
Q6W - OPHTHALMIC ANTIBIOTICS	33	28	84.8	5	15.1	0	0.0	5	47,502	0.0
Q7C - NOSE PREPARATIONS, VASOCONSTR	1	1	0.0	0	0.0	0	0.0	0	38	2.6
Q7D - NOSE PREPARATIONS, VASOCONSTR	22	0	0.0	22	0.0	0	0.0	0	647	3.4
Q7P - NASAL ANTI-INFLAMMATORY STERO	4,687	3,772	80.4	915	19.5	26	0.6	186	95,958	4.8
Q7Y - NOSE PREPARATIONS, MISCELLANE	3	3	0.0	0	0.0	0	0.0	1	5,129	0.0
Q8F - OTIC PREPARATIONS,ANTI-INFLAM	51	44	86.2	7	13.7	1	2.2	3	9,860	0.5
Q9B - BENIGN PROSTATIC HYPERTROPHY/	85	39	45.8	46	54.1	3	7.6	2	35,277	0.2
R1A - URINARY TRACT ANTISPASMODIC/A	2,714	2,529	93.1	185	6.8	49	1.9	75	1	0.0
R1E - CARBONIC ANHYDRASE INHIBITORS	613	573	93.4	40	6.5	28	4.8	22	4,232	14.4
R1F - THIAZIDE AND RELATED DIURETIC	26,043	23,782	91.3	2,261	8.6	374	1.5	732	107,970	24.1
R1H - POTASSIUM SPARING DIURETICS	22,747	20,962	92.1	1,785	7.8	389	1.8	480	49,129	46.3
R1I - URINARY TRACT ANTISPASMODIC,	1	1	0.0	0	0.0	0	0.0	1	2,243	0.0
R1L - POTASSIUM SPARING DIURETICS I	28,140	26,063	92.6	2,077	7.3	154	0.5	654	58,894	47.7
R1M - LOOP DIURETICS	147,569	136,154	92.2	11,415	7.7	7,722	5.6	2,840	345,835	42.6
R1R - URICOSURIC AGENTS	322	311	96.5	11	3.4	1	0.3	10	854	37.7
R1S - URINARY PH MODIFIERS	179	164	91.6	15	8.3	4	2.4	17	2,969	6.0
R5A - URINARY TRACT ANESTHETIC/ANAL	68	67	98.5	1	1.4	2	2.9	9	8,743	0.7
R5B - URINARY TRACT ANALGESIC AGENT	148	129	87.1	19	12.8	29	22.4	5	1,454	10.1
S2A - COLCHICINE	247	236	95.5	11	4.4	1	0.4	9	6,254	3.9
S2B - NSAIDS, CYCLOOXYGENASE INHIBI	127,936	110,035	86.0	17,901	13.9	5,969	5.4	3,543	396,253	32.2
S2H - ANTI-INFLAMMATORY/ANTIARTHRIT	1	0	0.0	1	0.0	0	0.0	0	523	0.1
S2I - ANTI-INFLAMMATORY, PYRIMIDINE	391	380	97.1	11	2.8	2	0.5	15	2,033	19.2
S2K - ANTI-ARTHRITIC AND CHELATING	14	14	0.0	0	0.0	0	0.0	1	83	16.8
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO	6	4	66.6	2	33.3	0	0.0	2	21	28.5
S2P - NSAID, COX INHIBITOR-TYPE & P	192	61	31.7	131	68.2	1	1.6	2	694	27.6
U5B - HERBAL DRUGS	1	0	0.0	1	0.0	0	0.0	0	151	0.6
U6E - OINTMENT/CREAM BASES	1	0	0.0	1	0.0	0	0.0	0	961	0.1
U6H - SOLVENTS	2	2	0.0	0	0.0	0	0.0	0	7,098	0.0
U6N - VEHICLES	27	21	77.7	6	22.2	1	4.7	1	20,178	0.1
U6W - BULK CHEMICALS	370	293	79.1	77	20.8	1	0.3	30	3,986	9.2
U7A - SUSPENDING AGENTS	6	0	0.0	6	0.0	0	0.0	0	43	13.9
U7N - SWEETENERS	1	1	0.0	0	0.0	0	0.0	0	1	0.0
V1A - ALKYLATING AGENTS	2	2	0.0	0	0.0	0	0.0	0	2,492	0.0
V1B - ANTIMETABOLITES	3,772	3,435	91.0	337	8.9	14	0.4	200	12,320	30.6
V1D - ANTIBIOTIC ANTINEOPLASTICS	1	1	0.0	0	0.0	0	0.0	1	7	14.2
V1F - ANTINEOPLASTICS,MISCELLANEOUS	129	51	39.5	78	60.4	10	19.6	2	5,970	2.1

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GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE	30	28	93.3	2	6.6	0	0.0	5	928	3.2
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	77	57	74.0	20	25.9	7	12.2	7	1,340	5.7
V1T - SELECTIVE ESTROGEN RECEPTOR M	807	755	93.5	52	6.4	10	1.3	17	6,485	12.4
W1A - PENICILLINS	6,404	6,088	95.0	316	4.9	177	2.9	358	305,629	2.0
W1C - TETRACYCLINES	8,905	8,394	94.2	511	5.7	336	4.0	373	43,557	20.4
W1D - MACROLIDES	15,608	13,781	88.2	1,827	11.7	337	2.4	872	177,163	8.8
W1E - CHLORAMPHENICOL AND DERIVATIV	3	3	0.0	0	0.0	0	0.0	2	8	37.5
W1F - AMINOGLYCOSIDES	1,738	1,643	94.5	95	5.4	33	2.0	124	5,617	30.9
W1G - ANTITUBERCULAR ANTIBIOTICS	447	416	93.0	31	6.9	26	6.2	36	1,429	31.2
W1J - VANCOMYCIN AND DERIVATIVES	27	27	0.0	0	0.0	0	0.0	0	6,293	0.4
W1K - LINCOSAMIDES	5	1	20.0	4	80.0	0	0.0	0	14,134	0.0
W1N - POLYMYXIN AND DERIVATIVES	14	14	0.0	0	0.0	0	0.0	0	245	5.7
W1O - OXAZOLIDINONES	771	483	62.6	288	37.3	66	13.6	62	2,384	32.3
W1Q - QUINOLONES	49,180	46,204	93.9	2,976	6.0	3,692	7.9	2,379	149,614	32.8
W1S - CARBAPENEMS (THIENAMYCINS)	4	3	75.0	1	25.0	0	0.0	0	1,245	0.3
W1W - CEPHALOSPORINS - 1ST GENERATI	2,610	2,471	94.6	139	5.3	104	4.2	101	108,669	2.4
W1X - CEPHALOSPORINS - 2ND GENERATI	57	44	77.1	13	22.8	3	6.8	2	27,506	0.2
W1Y - CEPHALOSPORINS - 3RD GENERATI	1,694	1,639	96.7	55	3.2	62	3.7	82	54,203	3.1
W1Z - CEPHALOSPORINS - 4TH GENERATI	66	61	92.4	5	7.5	4	6.5	1	645	10.2
W2A - ABSORBABLE SULFONAMIDES	8,125	7,663	94.3	462	5.6	70	0.9	307	73,206	11.0
W2E - ANTI-MYCOBACTERIUM AGENTS	122	111	90.9	11	9.0	30	27.0	6	1,723	7.0
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	262	241	91.9	21	8.0	7	2.9	18	3,665	7.1
W3A - ANTIFUNGAL ANTIBIOTICS	922	822	89.1	100	10.8	154	18.7	58	26,277	3.5
W3B - ANTIFUNGAL AGENTS	11,206	9,571	85.4	1,635	14.5	199	2.0	587	56,696	19.7
W4A - ANTIMALARIAL DRUGS	2,880	2,670	92.7	210	7.2	32	1.1	70	31,988	9.0
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	897	835	93.0	62	6.9	54	6.4	52	26,886	3.3
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	2	1	50.0	1	50.0	0	0.0	0	282	0.7
W4P - ANTILEPROTICS	40	38	95.0	2	5.0	0	0.0	0	1,545	2.5
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	2,603	2,356	90.5	247	9.4	58	2.4	180	6,098	42.6
W5G - HEPATITIS C TREATMENT AGENTS	21	6	28.5	15	71.4	0	0.0	1	5,034	0.4
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	601	563	93.6	38	6.3	1	0.1	28	2,530	23.7
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	510	460	90.1	50	9.8	4	0.8	19	8,053	6.3
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	378	348	92.0	30	7.9	0	0.0	18	4,941	7.6
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	21	19	90.4	2	9.5	0	0.0	3	4,334	0.4
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	921	833	90.4	88	9.5	23	2.7	65	2,778	33.1
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS	347	309	89.0	38	10.9	2	0.6	20	1,973	17.5
W5P - ANTIVIRALS, HIV-SPEC, NON-PEP	6	4	66.6	2	33.3	0	0.0	0	14	42.8
W7C - INFLUENZA VIRUS VACCINES	1	1	0.0	0	0.0	0	0.0	0	2,175	0.0
W7M - GRAM (-) BACILLI (NON-ENTERIC	1	1	0.0	0	0.0	0	0.0	0	10	10.0
W8D - OXIDIZING AGENTS	50	50	0.0	0	0.0	0	0.0	1	586	8.5
W8F - IRRIGANTS	25	24	96.0	1	4.0	3	12.5	1	5,387	0.4
W9A - KETOLIDES	861	118	13.7	743	86.2	28	23.7	2	5,399	15.9
X5B - BANDAGES AND RELATED SUPPLIES	1	0	0.0	1	0.0	0	0.0	0	3,056	0.0
Y9A - DIABETIC SUPPLIES	23	0	0.0	23	0.0	0	0.0	0	3,489	0.6
Z1E - ANTIOXIDANT AGENTS	19	0	0.0	19	0.0	0	0.0	0	308	6.1
Z2A - ANTIHISTAMINES	17,608	16,471	93.5	1,137	6.4	620	3.7	895	478,627	3.6
Z2E - IMMUNOSUPPRESSIVES	5,876	5,106	86.8	770	13.1	163	3.1	524	30,455	19.2
Z2N - 1ST GEN ANTIHISTAMINE & DECON	2	2	0.0	0	0.0	0	0.0	0	2,119	0.0
Z2R - LEUKOCYTE ADHESION INHIB,ALPH	2	0	0.0	2	0.0	0	0.0	0	8	25.0
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	323	305	94.4	18	5.5	2	0.6	12	103,636	0.3
DD - DRUG-DRUG INTERACTION	**760,643**	**2,519,468**	**91.2**	**241,175**	**8.7**	**150,930**	**5.9**	**85,836**	**15,725,132**	**17.5**

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A1A - DIGITALIS GLYCOSIDES	1,329	796	59.8	533	40.1	68	8.5	18	85,864	1.5
A1B - XANTHINES	358	201	56.1	157	43.8	27	13.4	2	24,186	1.4
A1D - GENERAL BRONCHODILATOR AGENTS	946	619	65.4	327	34.5	74	11.9	4	66,649	1.4
A2A - ANTIARRHYTHMICS	405	259	63.9	146	36.0	23	8.8	3	24,835	1.6
A4A - HYPOTENSIVES,VASODILATORS	332	224	67.4	108	32.5	36	16.0	2	14,725	2.2
A4B - HYPOTENSIVES,SYMPATHOLYTIC	2,419	1,570	64.9	849	35.0	354	22.5	14	97,481	2.4
A4C - HYPOTENSIVES,GANGLIONIC BLOCK	0	0	0.0	0	0.0	0	0.0	0	51	0.0
A4D - HYPOTENSIVES, ACE INHIBITORS	6,045	3,455	57.1	2,590	42.8	355	10.2	66	396,286	1.5
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	1,518	774	50.9	744	49.0	62	8.0	19	129,026	1.1
A4K - ACE INHIBITOR/CALCIUM CHANNEL	376	173	46.0	203	53.9	11	6.3	4	36,773	1.0
A4Y - HYPOTENSIVES,MISCELLANEOUS	227	129	56.8	98	43.1	13	10.0	8	13,567	1.6
A7B - VASODILATORS,CORONARY	1,994	1,294	64.8	700	35.1	204	15.7	4	149,452	1.3
A7C - VASODILATORS,PERIPHERAL	7	4	57.1	3	42.8	0	0.0	0	577	1.2
A7J - VASODILATORS, COMBINATION	0	0	0.0	0	0.0	0	0.0	0	50	0.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	4,097	2,334	56.9	1,763	43.0	281	12.0	16	277,409	1.4
B0A - GENERAL INHALATION AGENTS	44	27	61.3	17	38.6	0	0.0	0	5,285	0.8
B1B - PULMONARY ANTI-HTN, ENDOTHELI	18	15	83.3	3	16.6	0	0.0	0	831	2.1
B1C - PULMONARY ANTIHYPERTENSIVES,	3	3	0.0	0	0.0	0	0.0	0	199	1.5
B3A - MUCOLYTICS	51	39	76.4	12	23.5	4	10.2	1	3,153	1.6
B3J - EXPECTORANTS	765	577	75.4	188	24.5	34	5.8	3	142,574	0.5
B3K - COUGH AND/OR COLD PREPARATION	739	532	71.9	207	28.0	137	25.7	11	171,838	0.4
B3R - NON-NARC ANTITUSS-1ST GEN. AN	17	11	64.7	6	35.2	0	0.0	0	3,667	0.4
B3T - NON-NARCOTIC ANTITUSSIVE AND	4	2	50.0	2	50.0	1	50.0	0	1,511	0.2
B4S - NARCOTIC ANTITUSSIVE-EXPECTOR	0	0	0.0	0	0.0	0	0.0	0	76	0.0
B4W - DECONGESTANT-EXPECTORANT COMB	3	3	0.0	0	0.0	0	0.0	0	394	0.7
C0B - WATER	16	14	87.5	2	12.5	0	0.0	0	3,089	0.5
C0D - ANTI-ALCOHOLIC PREPARATIONS	49	38	77.5	11	22.4	1	2.6	0	1,691	2.8
C0K - BICARBONATE PRODUCING/CONTAIN	28	22	78.5	6	21.4	8	36.3	0	970	2.8
C1A - ELECTROLYTE DEPLETERS	518	372	71.8	146	28.1	66	17.7	4	28,465	1.8
C1B - SODIUM/SALINE PREPARATIONS	168	151	89.8	17	10.1	4	2.6	0	17,241	0.9
C1D - POTASSIUM REPLACEMENT	3,854	2,700	70.0	1,154	29.9	300	11.1	27	227,510	1.6
C1F - CALCIUM REPLACEMENT	2,038	1,590	78.0	448	21.9	96	6.0	7	156,962	1.2
C1H - MAGNESIUM SALTS REPLACEMENT	109	81	74.3	28	25.6	12	14.8	1	10,372	1.0
C1P - PHOSPHATE REPLACEMENT	14	13	92.8	1	7.1	0	0.0	0	906	1.5
C1W - ELECTROLYTE MAINTENANCE	14	11	78.5	3	21.4	2	18.1	0	2,985	0.4
C3B - IRON REPLACEMENT	1,709	1,240	72.5	469	27.4	112	9.0	5	111,807	1.5
C3C - ZINC REPLACEMENT	241	203	84.2	38	15.7	6	2.9	3	14,317	1.6
C3H - IODINE CONTAINING AGENTS	2	2	0.0	0	0.0	0	0.0	0	271	0.7
C3M - MINERAL REPLACEMENT,MISCELLAN	1	1	0.0	0	0.0	1	0.0	0	116	0.8
C4G - INSULINS	5,801	3,628	62.5	2,173	37.4	399	10.9	84	256,392	2.2
C4H - ANTIHYPERGLYCEMIC, AMYLIN ANA	0	0	0.0	0	0.0	0	0.0	0	143	0.0
C4I - ANTIHYPERGLY,INCRETIN MIMETIC	9	8	88.8	1	11.1	6	75.0	1	348	2.5
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	3,144	1,832	58.2	1,312	41.7	209	11.4	28	164,586	1.9
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	2,727	1,752	64.2	975	35.7	192	10.9	13	120,156	2.2
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	43	27	62.7	16	37.2	5	18.5	0	2,432	1.7
C4N - HYPOGLYCEMICS, INSULIN-RESPON	1,507	795	52.7	712	47.2	65	8.1	10	100,226	1.5
C5B - PROTEIN REPLACEMENT	13	13	0.0	0	0.0	0	0.0	0	503	2.5
C5J - IV SOLUTIONS: DEXTROSE-WATER	26	25	96.1	1	3.8	4	16.0	0	2,688	0.9
C5K - IV SOLUTIONS: DEXTROSE-SALINE	3	3	0.0	0	0.0	0	0.0	0	2,367	0.1
C5O - DILUENT SOLUTIONS	0	0	0.0	0	0.0	0	0.0	0	76	0.0
C6B - VITAMIN B PREPARATIONS	425	241	56.7	184	43.2	12	4.9	0	32,587	1.3
C6C - VITAMIN C PREPARATIONS	747	646	86.4	101	13.5	13	2.0	1	38,817	1.9
C6D - VITAMIN D PREPARATIONS	127	76	59.8	51	40.1	15	19.7	2	6,671	1.9
C6E - VITAMIN E PREPARATIONS	421	334	79.3	87	20.6	14	4.1	0	26,290	1.6
C6F - PRENATAL VITAMIN PREPARATIONS	295	162	54.9	133	45.0	16	9.8	1	60,040	0.4
C6G - GERIATRIC VITAMIN PREPARATION	60	42	70.0	18	30.0	0	0.0	0	5,255	1.1

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C6H - PEDIATRIC VITAMIN PREPARATION	186	140	75.2	46	24.7	13	9.2	0	15,028	1.2
C6K - VITAMIN K PREPARATIONS	12	6	50.0	6	50.0	1	16.6	0	1,782	0.6
C6L - VITAMIN B12 PREPARATIONS	369	295	79.9	74	20.0	21	7.1	0	19,897	1.8
C6M - FOLIC ACID PREPARATIONS	736	466	63.3	270	36.6	25	5.3	3	45,818	1.6
C6N - NIACIN PREPARATIONS	34	26	76.4	8	23.5	3	11.5	0	2,312	1.4
C6Q - VITAMIN B6 PREPARATIONS	94	66	70.2	28	29.7	0	0.0	0	5,520	1.7
C6R - VITAMIN B2 PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	183	1.0
C6T - VITAMIN B1 PREPARATIONS	134	103	76.8	31	23.1	3	2.9	0	8,115	1.6
C6Z - MULTIVITAMIN PREPARATIONS	3,281	2,628	80.0	653	19.9	113	4.2	7	245,013	1.3
C7A - HYPERURICEMIA TX - PURINE INH	505	301	59.6	204	40.3	21	6.9	1	29,975	1.6
C7B - DECARBOXYLASE INHIBITORS	2	1	50.0	1	50.0	0	0.0	0	103	1.9
C7D - METABOLIC DEFICIENCY AGENTS	58	42	72.4	16	27.5	0	0.0	4	2,823	2.0
C7E - APPETITE STIMULANTS	20	16	80.0	4	20.0	2	12.5	0	1,476	1.3
C8A - METALLIC POISON,AGENTS TO TRE	3	3	0.0	0	0.0	0	0.0	0	601	0.4
D1A - PERIODONTAL COLLAGENASE INHIB	15	12	80.0	3	20.0	0	0.0	0	1,096	1.3
D1D - DENTAL AIDS AND PREPARATIONS	209	151	72.2	58	27.7	24	15.8	0	17,393	1.2
D2A - FLUORIDE PREPARATIONS	77	59	76.6	18	23.3	0	0.0	0	6,926	1.1
D4B - ANTACIDS	416	324	77.8	92	22.1	16	4.9	6	38,056	1.0
D4E - ANTI-ULCER PREPARATIONS	189	127	67.1	62	32.8	14	11.0	2	16,973	1.1
D4F - ANTI-ULCER-H.PYLORI AGENTS	1	1	0.0	0	0.0	0	0.0	0	1,761	0.0
D4G - GASTRIC ENZYMES	64	56	87.5	8	12.5	12	21.4	0	2,763	2.3
D4H - ORAL MUCOSITIS/STOMATITIS AGE	1	1	0.0	0	0.0	1	0.0	0	68	1.4
D4K - GASTRIC ACID SECRETION REDUCE	10,734	6,462	60.2	4,272	39.7	922	14.2	58	712,286	1.5
D4N - ANTIFLATULENTS	56	46	82.1	10	17.8	0	0.0	0	5,713	0.9
D5P - INTESTINAL ADSORBENTS AND PRO	1	1	0.0	0	0.0	0	0.0	0	52	1.9
D6A - DRUGS TO TX CHRONIC INFLAMM.	0	0	0.0	0	0.0	0	0.0	0	58	0.0
D6C - IRRITABLE BOWEL SYND. AGENT,5	5	3	60.0	2	40.0	2	66.6	0	250	2.0
D6D - ANTIDIARRHEALS	371	279	75.2	92	24.7	31	11.1	0	38,122	0.9
D6E - IRRITABLE BOWEL SYND. AGENT,5	350	235	67.1	115	32.8	52	22.1	5	17,976	1.9
D6F - DRUG TX-CHRONIC INFLAM. COLON	124	92	74.1	32	25.8	23	25.0	3	7,314	1.6
D6S - LAXATIVES AND CATHARTICS	5,741	4,474	77.9	1,267	22.0	536	11.9	33	395,499	1.4
D7A - BILE SALTS	64	51	79.6	13	20.3	11	21.5	1	2,403	2.6
D7D - DRUGS TO TREAT HEREDITARY TYR	0	0	0.0	0	0.0	0	0.0	0	9	0.0
D7L - BILE SALT SEQUESTRANTS	77	57	74.0	20	25.9	7	12.2	0	9,317	0.8
D8A - PANCREATIC ENZYMES	137	93	67.8	44	32.1	13	13.9	1	7,523	1.8
D9A - AMMONIA INHIBITORS	125	93	74.4	32	25.6	5	5.3	0	8,374	1.4
F1A - ANDROGENIC AGENTS	56	33	58.9	23	41.0	9	27.2	0	4,945	1.1
F2A - DRUGS TO TREAT IMPOTENCY	7	4	57.1	3	42.8	2	50.0	0	4,140	0.1
G1A - ESTROGENIC AGENTS	1,160	601	51.8	559	48.1	45	7.4	4	74,376	1.5
G2A - PROGESTATIONAL AGENTS	156	104	66.6	52	33.3	16	15.3	2	10,022	1.5
G8A - CONTRACEPTIVES,ORAL	1,101	499	45.3	602	54.6	74	14.8	0	77,766	1.4
G8C - CONTRACEPTIVES,INJECTABLE	283	140	49.4	143	50.5	20	14.2	1	12,979	2.1
G8F - CONTRACEPTIVES,TRANSDERMAL	492	264	53.6	228	46.3	40	15.1	0	23,335	2.1
G9B - CONTRACEPTIVES, INTRAVAGINAL,	33	18	54.5	15	45.4	6	33.3	1	2,357	1.4
H0A - LOCAL ANESTHETICS	145	133	91.7	12	8.2	7	5.2	0	11,237	1.2
H0E - AGENTS TO TREAT MULTIPLE SCLE	151	90	59.6	61	40.3	24	26.6	1	10,468	1.4
H1A - ALZHEIMER'S THERAPY, NMDA REC	610	526	86.2	84	13.7	28	5.3	2	32,481	1.8
H2A - CENTRAL NERVOUS SYSTEM STIMUL	13	10	76.9	3	23.0	4	40.0	1	814	1.5
H2D - BARBITURATES	651	454	69.7	197	30.2	44	9.6	4	32,688	1.9
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	2,542	1,473	57.9	1,069	42.0	278	18.8	22	146,247	1.7
H2F - ANTI-ANXIETY DRUGS	9,355	5,914	63.2	3,441	36.7	722	12.2	49	438,726	2.1
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	695	484	69.6	211	30.3	138	28.5	4	35,305	1.9
H2M - ANTI-MANIA DRUGS	937	637	67.9	300	32.0	66	10.3	20	40,116	2.3
H2S - SELECTIVE SEROTONIN REUPTAKE	11,025	6,608	59.9	4,417	40.0	1,048	15.8	107	1	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	1,708	878	51.4	830	48.5	124	14.1	16	116,871	1.4
H2V - TX FOR ATTENTION DEFICIT-HYPE	1,712	1,047	61.1	665	38.8	162	15.4	18	124,550	1.3

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H2W -	TRICYCLIC ANTIDEPRESSANT/PHEN	35	22	62.8	13	37.1	1	4.5	0	2,087	1.6
H2X -	TRICYCLIC ANTIDEPRESSANT/BENZ	9	5	55.5	4	44.4	0	0.0	0	802	1.1
H3A -	ANALGESICS,NARCOTICS	15,580	10,652	68.3	4,928	31.6	3,404	31.9	77	1,509,899	1.0
H3D -	ANALGESIC/ANTIPYRETICS, SALIC	2,264	1,536	67.8	728	32.1	97	6.3	17	194,495	1.1
H3E -	ANALGESIC/ANTIPYRETICS,NON-SA	2,314	2,009	86.8	305	13.1	215	10.7	5	197,096	1.1
H3F -	ANTIMIGRAINE PREPARATIONS	164	61	37.1	103	62.8	4	6.5	0	48,260	0.3
H3N -	ANALGESICS, NARCOTIC AGONIST	55	30	54.5	25	45.4	12	40.0	1	7,312	0.7
H3T -	NARCOTIC ANTAGONISTS	64	49	76.5	15	23.4	17	34.6	0	2,511	2.5
H4B -	ANTICONVULSANTS	21,331	14,732	69.0	6,599	30.9	2,155	14.6	213	845,043	2.5
H6A -	ANTIPARKINSONISM DRUGS,OTHER	1,214	925	76.1	289	23.8	98	10.5	13	61,935	1.9
H6B -	ANTIPARKINSONISM DRUGS,ANTICH	1,486	971	65.3	515	34.6	74	7.6	12	61,731	2.4
H6C -	ANTITUSSIVES,NON-NARCOTIC	102	71	69.6	31	30.3	7	9.8	0	16,310	0.6
H6H -	SKELETAL MUSCLE RELAXANTS	3,439	2,165	62.9	1,274	37.0	495	22.8	34	227,330	1.5
H6I -	AMYOTROPHIC LATERAL SCLEROSIS	2	1	50.0	1	50.0	0	0.0	0	248	0.8
H6J -	ANTIEMETIC/ANTIVERTIGO AGENTS	510	347	68.0	163	31.9	64	18.4	10	82,921	0.6
H7B -	ALPHA-2 RECEPTOR ANTAGONIST A	1,538	1,091	70.9	447	29.0	124	11.3	12	91,778	1.6
H7C -	SEROTONIN-NOREPINEPHRINE REUP	2,277	1,413	62.0	864	37.9	471	33.3	34	154,522	1.4
H7D -	NOREPINEPHRINE AND DOPAMINE R	1,400	733	52.3	667	47.6	78	10.6	22	99,399	1.4
H7E -	SEROTONIN-2 ANTAGONIST/REUPTA	2,326	1,363	58.5	963	41.4	163	11.9	18	114,844	2.0
H7J -	MAOIS - NON-SELECTIVE & IRREV	4	3	75.0	1	25.0	0	0.0	0	229	1.7
H7N -	SMOKING DETERRENTS, OTHER	1	0	0.0	1	0.0	0	0.0	0	1,008	0.0
H7O -	ANTIPSYCHOTICS,DOPAMINE ANTAG	719	529	73.5	190	26.4	87	16.4	6	30,172	2.3
H7P -	ANTIPSYCHOTICS,DOPAMINE ANTAG	114	79	69.2	35	30.7	20	25.3	1	5,285	2.1
H7R -	ANTIPSYCH,DOPAMINE ANTAG.,DIP	17	14	82.3	3	17.6	4	28.5	0	569	2.9
H7S -	ANTIPSYCHOTICS,DOPAMINE ANTAG	17	13	76.4	4	23.5	5	38.4	0	741	2.2
H7T -	ANTIPSYCHOTICS,ATYPICAL,DOPAM	16,197	11,645	71.8	4,552	28.1	3,491	29.9	97	1	0.0
H7U -	ANTIPSYCHOTICS, DOPAMINE & SE	74	49	66.2	25	33.7	13	26.5	1	3,273	2.2
H7W -	ANTI-NARCOLEPSY & ANTI-CATAPL	1	1	0.0	0	0.0	1	0.0	0	314	0.3
H7X -	ANTIPSYCHOTICS, ATYP, D2 PART	1,749	1,161	66.3	588	33.6	137	11.8	10	68,875	2.5
H7Y -	TX FOR ATTENTION DEFICIT-HYPE	1,028	579	56.3	449	43.6	76	13.1	7	55,994	1.8
H7Z -	SSRI &ANTIPSYCH,ATYP,DOPAMINE	60	25	41.6	35	58.3	3	12.0	0	4,989	1.2
H8A -	ANTI-ANXIETY (ANXIOLYTIC) AND	2	1	50.0	1	50.0	0	0.0	0	326	0.6
H8B -	HYPNOTICS, MELATONIN MT1/MT2	0	0	0.0	0	0.0	0	0.0	0	36	0.0
J1A -	PARASYMPATHETIC AGENTS	64	41	64.0	23	35.9	4	9.7	0	4,366	1.4
J1B -	CHOLINESTERASE INHIBITORS	1,518	1,198	78.9	320	21.0	68	5.6	6	106,827	1.4
J2A -	BELLADONNA ALKALOIDS	198	132	66.6	66	33.3	14	10.6	0	16,927	1.1
J2B -	ANTICHOLINERGICS,QUATERNARY A	110	82	74.5	28	25.4	14	17.0	2	5,852	1.8
J2D -	ANTICHOLINERGICS/ANTISPASMODI	211	139	65.8	72	34.1	8	5.7	2	16,765	1.2
J3A -	SMOKING DETERRENT AGENTS (GAN	117	84	71.7	33	28.2	10	11.9	0	16,787	0.6
J5B -	ADRENERGICS, AROMATIC, NON-CA	1,351	795	58.8	556	41.1	153	19.2	20	100,713	1.3
J5D -	BETA-ADRENERGIC AGENTS	5,160	2,833	54.9	2,327	45.0	243	8.5	41	374,917	1.3
J5E -	SYMPATHOMIMETIC AGENTS	86	70	81.3	16	18.6	8	11.4	0	11,270	0.7
J5F -	ANAPHYLAXIS THERAPY AGENTS	3	3	0.0	0	0.0	0	0.0	0	3,565	0.0
J5G -	BETA-ADRENERGICS AND GLUCOCOR	926	469	50.6	457	49.3	59	12.5	14	80,267	1.1
J5H -	ADRENERGIC VASOPRESSOR AGENTS	51	35	68.6	16	31.3	4	11.4	0	2,443	2.0
J7A -	ALPHA/BETA-ADRENERGIC BLOCKIN	751	459	61.1	292	38.8	79	17.2	7	1	0.0
J7B -	ALPHA-ADRENERGIC BLOCKING AGE	438	267	60.9	171	39.0	33	12.3	1	25,041	1.7
J7C -	BETA-ADRENERGIC BLOCKING AGEN	5,915	3,472	58.6	2,443	41.3	344	9.9	41	341,529	1.7
J9A -	INTESTINAL MOTILITY STIMULANT	1,129	817	72.3	312	27.6	179	21.9	6	65,890	1.7
J9B -	ANTISPASMODIC AGENTS	0	0	0.0	0	0.0	0	0.0	0	302	0.0
L0B -	TOPICAL/MUCOUS MEMBR./SUBCUT.	718	685	95.4	33	4.5	18	2.6	0	56,860	1.2
L0C -	DIABETIC ULCER PREPARATIONS,T	20	18	90.0	2	10.0	0	0.0	0	1,369	1.4
L1A -	ANTIPSORIATIC AGENTS,SYSTEMIC	8	5	62.5	3	37.5	1	20.0	0	426	1.8
L1B -	ACNE AGENTS,SYSTEMIC	7	6	85.7	1	14.2	3	50.0	0	560	1.2
L2A -	EMOLLIENTS	153	130	84.9	23	15.0	4	3.0	1	20,390	0.7
L3A -	PROTECTIVES	14	13	92.8	1	7.1	1	7.6	0	3,081	0.4

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L3P -	ANTIPRURITICS,TOPICAL	8	7	87.5	1	12.5	0	0.0	0	1,214	0.6
L4A -	ASTRINGENTS	4	4	0.0	0	0.0	0	0.0	0	114	3.5
L5A -	KERATOLYTICS	45	32	71.1	13	28.8	3	9.3	0	6,984	0.6
L5E -	ANTISEBORRHEIC AGENTS	54	43	79.6	11	20.3	1	2.3	0	7,688	0.7
L5F -	ANTIPSORIATICS AGENTS	19	12	63.1	7	36.8	1	8.3	0	3,027	0.6
L5G -	ROSACEA AGENTS, TOPICAL	29	24	82.7	5	17.2	1	4.1	0	3,228	0.8
L5H -	ACNE AGENTS,TOPICAL	40	30	75.0	10	25.0	0	0.0	0	4,441	0.9
L6A -	IRRITANTS/COUNTER-IRRITANTS	16	16	0.0	0	0.0	0	0.0	0	3,882	0.4
L8B -	ANTIPERSPIRANTS	5	4	80.0	1	20.0	1	25.0	0	569	0.8
L9A -	TOPICAL AGENTS,MISCELLANEOUS	18	12	66.6	6	33.3	0	0.0	0	2,204	0.8
L9B -	VITAMIN A DERIVATIVES	21	15	71.4	6	28.5	1	6.6	0	6,469	0.3
L9C -	HYPOPIGMENTATION AGENTS	7	4	57.1	3	42.8	0	0.0	0	430	1.6
M0E -	ANTIHEMOPHILIC FACTORS	9	8	88.8	1	11.1	0	0.0	0	1	0.0
M0F -	FACTOR IX PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	92	2.1
M4E -	LIPOTROPICS	6,920	3,723	53.8	3,197	46.1	606	16.2	19	504,607	1.3
M4G -	HYPERGLYCEMICS	21	17	80.9	4	19.0	2	11.7	0	6,895	0.3
M4I -	ANTIHYPERLIP(HMGCOA) & CALCIU	52	32	61.5	20	38.4	0	0.0	0	3,763	1.3
M9D -	ANTIFIBRINOLYTIC AGENTS	3	3	0.0	0	0.0	0	0.0	0	189	1.5
M9F -	THROMBOLYTIC ENZYMES	1	1	0.0	0	0.0	1	0.0	0	204	0.4
M9K -	HEPARIN AND RELATED PREPARATI	206	182	88.3	24	11.6	9	4.9	3	23,671	0.8
M9L -	ORAL ANTICOAGULANTS,COUMARIN	5,026	3,808	75.7	1,218	24.2	318	8.3	16	154,546	3.2
M9P -	PLATELET AGGREGATION INHIBITO	2,013	1,136	56.4	877	43.5	46	4.0	14	136,143	1.4
M9S -	HEMORRHEOLOGIC AGENTS	122	84	68.8	38	31.1	8	9.5	0	7,349	1.6
N1B -	HEMATINICS,OTHER	194	149	76.8	45	23.1	10	6.7	2	14,544	1.3
N1C -	LEUKOCYTE (WBC) STIMULANTS	14	9	64.2	5	35.7	0	0.0	1	1,056	1.3
N1D -	PLATELET REDUCING AGENTS	14	9	64.2	5	35.7	1	11.1	0	447	3.1
N1E -	PLATELET PROLIFERATION STIMUL	1	0	0.0	1	0.0	0	0.0	0	58	1.7
P1A -	GROWTH HORMONES	40	31	77.5	9	22.5	5	16.1	0	2,626	1.5
P1B -	SOMATOSTATIC AGENTS	19	16	84.2	3	15.7	0	0.0	0	559	3.3
P1E -	ADRENOCORTICOTROPHIC HORMONES	1	1	0.0	0	0.0	1	0.0	0	49	2.0
P1F -	PITUITARY SUPPRESSIVE AGENTS	41	27	65.8	14	34.1	2	7.4	1	2,553	1.6
P1M -	LHRH(GNRH) AGONIST ANALOG PIT	3	2	66.6	1	33.3	1	50.0	0	803	0.3
P1P -	LHRH(GNRH)AGNST PIT.SUP-CENTR	0	0	0.0	0	0.0	0	0.0	0	417	0.0
P2B -	ANTIDIURETIC AND VASOPRESSOR	446	308	69.0	138	30.9	34	11.0	7	16,526	2.6
P3A -	THYROID HORMONES	4,417	2,674	60.5	1,743	39.4	176	6.5	16	264,048	1.6
P3L -	ANTITHYROID PREPARATIONS	68	42	61.7	26	38.2	8	19.0	3	3,665	1.8
P4B -	BONE FORMATION STIM. AGENTS -	23	12	52.1	11	47.8	0	0.0	0	2,534	0.9
P4D -	HYPERPARATHYROID TX AGENTS -	18	11	61.1	7	38.8	3	27.2	0	687	2.6
P4L -	BONE RESORPTION INHIBITORS	1,726	1,098	63.6	628	36.3	102	9.2	6	138,067	1.2
P4M -	CALCIMIMETIC,PARATHYROID CALC	80	49	61.2	31	38.7	8	16.3	1	4,996	1.6
P4N -	BONE RESORPTION INHIBITOR & V	5	4	80.0	1	20.0	0	0.0	0	277	1.8
P5A -	GLUCOCORTICOIDS	2,738	1,675	61.1	1,063	38.8	218	13.0	25	205,472	1.3
P5S -	MINERALOCORTICOIDS	113	78	69.0	35	30.9	11	14.1	2	5,097	2.2
P6A -	PINEAL HORMONE AGENTS	1	1	0.0	0	0.0	0	0.0	0	212	0.4
Q2C -	OPHTHALMIC ANTI-INFLAMMATORY	58	46	79.3	12	20.6	1	2.1	0	3,926	1.4
Q3A -	RECTAL PREPARATIONS	36	28	77.7	8	22.2	2	7.1	0	9,026	0.3
Q3B -	RECTAL/LOWER BOWEL PREP.,GLUC	0	0	0.0	0	0.0	0	0.0	0	94	0.0
Q3D -	HEMORRHOIDAL PREPARATIONS	9	8	88.8	1	11.1	1	12.5	0	2,212	0.4
Q3E -	CHRONIC INFLAM. COLON DX, 5-A	7	6	85.7	1	14.2	2	33.3	1	499	1.4
Q3H -	HEMORRHOIDALS, LOCAL RECTAL A	7	6	85.7	1	14.2	0	0.0	0	410	1.7
Q3S -	LAXATIVES, LOCAL/RECTAL	227	190	83.7	37	16.2	16	8.4	2	27,946	0.8
Q4B -	VAGINAL ANTISEPTICS	4	4	0.0	0	0.0	0	0.0	0	149	2.6
Q4F -	VAGINAL ANTIFUNGALS	19	18	94.7	1	5.2	0	0.0	0	9,899	0.1
Q4K -	VAGINAL ESTROGEN PREPARATIONS	52	33	63.4	19	36.5	1	3.0	0	5,504	0.9
Q4W -	VAGINAL ANTIBIOTICS	3	3	0.0	0	0.0	0	0.0	0	6,753	0.0
Q5A -	TOPICAL PREPARATIONS,MISCELLA	1	1	0.0	0	0.0	0	0.0	0	1,237	0.0

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Q5B -	TOPICAL PREPARATIONS,ANTIBACT	17	14	82.3	3	17.6	0	0.0	0	2,255	0.7
Q5F -	TOPICAL ANTIFUNGALS	945	818	86.5	127	13.4	55	6.7	6	112,361	0.8
Q5H -	TOPICAL LOCAL ANESTHETICS	442	346	78.2	96	21.7	42	12.1	1	25,849	1.7
Q5K -	TOPICAL IMMUNOSUPPRESSIVE AGE	147	115	78.2	32	21.7	20	17.3	1	15,822	0.9
Q5N -	TOPICAL ANTINEOPLASTIC & PREM	1	1	0.0	0	0.0	1	0.0	0	410	0.2
Q5P -	TOPICAL ANTI-INFLAMMATORY STE	728	606	83.2	122	16.7	36	5.9	4	1	0.0
Q5R -	TOPICAL ANTIPARASITICS	103	88	85.4	15	14.5	7	7.9	1	26,813	0.3
Q5S -	TOPICAL SULFONAMIDES	178	158	88.7	20	11.2	10	6.3	0	12,157	1.4
Q5V -	TOPICAL ANTIVIRALS	36	30	83.3	6	16.6	0	0.0	0	5,251	0.6
Q5W -	TOPICAL ANTIBIOTICS	547	478	87.3	69	12.6	14	2.9	3	72,740	0.7
Q5X -	TOPICAL ANTIBIOTICS/ANTIINFLA	3	3	0.0	0	0.0	0	0.0	0	214	1.4
Q6A -	OPHTHALMIC PREPARATIONS, MISC	1	1	0.0	0	0.0	0	0.0	0	580	0.1
Q6C -	EYE VASOCONSTRICTORS (RX ONLY	1	1	0.0	0	0.0	0	0.0	0	162	0.6
Q6D -	EYE VASOCONSTRICTORS (OTC ONL	3	1	33.3	2	66.6	0	0.0	0	495	0.6
Q6G -	MIOTICS/OTHER INTRAOC. PRESSU	858	504	58.7	354	41.2	133	26.3	5	73,374	1.1
Q6I -	EYE ANTIBIOTIC-CORTICOID COMB	26	22	84.6	4	15.3	0	0.0	0	7,481	0.3
Q6J -	MYDRIATICS	25	16	64.0	9	36.0	3	18.7	0	2,760	0.9
Q6P -	EYE ANTIINFLAMMATORY AGENTS	159	115	72.3	44	27.6	18	15.6	0	14,084	1.1
Q6R -	EYE ANTIHISTAMINES	83	60	72.2	23	27.7	10	16.6	0	11,447	0.7
Q6S -	EYE SULFONAMIDES	28	24	85.7	4	14.2	1	4.1	0	9,262	0.3
Q6T -	ARTIFICIAL TEARS	320	272	85.0	48	15.0	10	3.6	0	32,082	0.9
Q6U -	OPHTHALMIC MAST CELL STABILIZ	15	13	86.6	2	13.3	0	0.0	0	2,375	0.6
Q6V -	EYE ANTIVIRALS	8	6	75.0	2	25.0	3	50.0	0	300	2.6
Q6W -	OPHTHALMIC ANTIBIOTICS	170	139	81.7	31	18.2	12	8.6	3	47,502	0.3
Q6Y -	EYE PREPARATIONS, MISCELLANEO	32	26	81.2	6	18.7	2	7.6	0	4,690	0.6
Q7A -	NOSE PREPARATIONS, MISCELLANE	21	14	66.6	7	33.3	0	0.0	0	2,088	1.0
Q7E -	NASAL ANTIHISTAMINE	46	30	65.2	16	34.7	3	10.0	1	5,109	0.9
Q7P -	NASAL ANTI-INFLAMMATORY STERO	969	497	51.2	472	48.7	34	6.8	8	95,958	1.0
Q7W -	NOSE PREPARATIONS ANTIBIOTICS	3	3	0.0	0	0.0	0	0.0	0	230	1.3
Q7Y -	NOSE PREPARATIONS, MISCELLANE	38	34	89.4	4	10.5	0	0.0	0	5,129	0.7
Q8B -	EAR PREPARATIONS, MISC. ANTI-	14	12	85.7	2	14.2	3	25.0	0	2,127	0.6
Q8F -	OTIC PREPARATIONS,ANTI-INFLAM	31	26	83.8	5	16.1	2	7.6	0	9,860	0.3
Q8H -	EAR PREPARATIONS,LOCAL ANESTH	17	15	88.2	2	11.7	3	20.0	0	8,256	0.2
Q8R -	EAR PREPARATIONS,EAR WAX REMO	17	15	88.2	2	11.7	0	0.0	0	5,194	0.3
Q8W -	EAR PREPARATIONS,ANTIBIOTICS	60	48	80.0	12	20.0	2	4.1	0	18,583	0.3
Q9B -	BENIGN PROSTATIC HYPERTROPHY/	637	463	72.6	174	27.3	42	9.0	2	35,277	1.8
R1A -	URINARY TRACT ANTISPASMODIC/A	1,821	1,211	66.5	610	33.4	153	12.6	5	1	0.0
R1E -	CARBONIC ANHYDRASE INHIBITORS	70	49	70.0	21	30.0	7	14.2	0	4,232	1.6
R1F -	THIAZIDE AND RELATED DIURETIC	2,020	1,067	52.8	953	47.1	92	8.6	11	107,970	1.8
R1H -	POTASSIUM SPARING DIURETICS	849	519	61.1	330	38.8	74	14.2	9	49,129	1.7
R1I -	URINARY TRACT ANTISPASMODIC,	29	19	65.5	10	34.4	1	5.2	0	2,243	1.2
R1L -	POTASSIUM SPARING DIURETICS I	835	431	51.6	404	48.3	33	7.6	4	58,894	1.4
R1M -	LOOP DIURETICS	7,280	4,930	67.7	2,350	32.2	604	12.2	48	345,835	2.1
R1R -	URICOSURIC AGENTS	9	5	55.5	4	44.4	1	20.0	0	854	1.0
R1S -	URINARY PH MODIFIERS	47	33	70.2	14	29.7	6	18.1	4	2,969	1.5
R5A -	URINARY TRACT ANESTHETIC/ANAL	16	10	62.5	6	37.5	1	10.0	0	8,743	0.1
R5B -	URINARY TRACT ANALGESIC AGENT	10	5	50.0	5	50.0	3	60.0	0	1,454	0.6
S2A -	COLCHICINE	120	65	54.1	55	45.8	4	6.1	0	6,254	1.9
S2B -	NSAIDS, CYCLOOXYGENASE INHIBI	3,703	2,134	57.6	1,569	42.3	256	11.9	30	396,253	0.9
S2C -	GOLD SALTS	0	0	0.0	0	0.0	0	0.0	0	93	0.0
S2I -	ANTI-INFLAMMATORY, PYRIMIDINE	17	7	41.1	10	58.8	0	0.0	0	2,033	0.8
S2J -	ANTI-INFLAMMATORY TUMOR NECRO	88	45	51.1	43	48.8	8	17.7	0	5,430	1.6
S2K -	ANTI-ARTHRITIC AND CHELATING	0	0	0.0	0	0.0	0	0.0	0	83	0.0
S2M -	ANTI-FLAM. INTERLEUKIN-1 RECE	1	1	0.0	0	0.0	0	0.0	0	83	1.2
S2P -	NSAID, COX INHIBITOR-TYPE & P	5	3	60.0	2	40.0	0	0.0	0	694	0.7
S7A -	NEUROMUSCULAR BLOCKING AGENTS	2	2	0.0	0	0.0	0	0.0	0	153	1.3

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THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
U6A - PHARMACEUTICAL ADJUVANTS, TAB	27	27	0.0	0	0.0	4	14.8	0	598	4.5
U6C - THICKENING AGENTS, ORAL	2	2	0.0	0	0.0	0	0.0	0	644	0.3
U6E - OINTMENT/CREAM BASES	9	9	0.0	0	0.0	0	0.0	0	961	0.9
U6F - HYDROPHILIC CREAM/OINTMENT BA	5	4	80.0	1	20.0	1	25.0	0	2,040	0.2
U6H - SOLVENTS	66	61	92.4	5	7.5	5	8.1	0	7,098	0.9
U6N - VEHICLES	333	290	87.0	43	12.9	6	2.0	0	20,178	1.6
U6W - BULK CHEMICALS	89	74	83.1	15	16.8	7	9.4	0	3,986	2.2
U7A - SUSPENDING AGENTS	0	0	0.0	0	0.0	0	0.0	0	43	0.0
V1A - ALKYLATING AGENTS	57	40	70.1	17	29.8	1	2.5	0	2,492	2.2
V1B - ANTIMETABOLITES	247	142	57.4	105	42.5	11	7.7	1	12,320	2.0
V1E - STEROID ANTINEOPLASTICS	189	150	79.3	39	20.6	8	5.3	0	12,064	1.5
V1F - ANTINEOPLASTICS,MISCELLANEOUS	94	42	44.6	52	55.3	2	4.7	1	5,970	1.5
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE	18	12	66.6	6	33.3	0	0.0	0	928	1.9
V1J - ANTIANDROGENIC AGENTS	20	14	70.0	6	30.0	0	0.0	0	1,068	1.8
V1N - SELECTIVE RETINOID X RECEPTOR	0	0	0.0	0	0.0	0	0.0	0	18	0.0
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	0	0	0.0	0	0.0	0	0.0	0	218	0.0
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	23	10	43.4	13	56.5	1	10.0	0	1,340	1.7
V1T - SELECTIVE ESTROGEN RECEPTOR M	84	54	64.2	30	35.7	4	7.4	0	6,485	1.2
W1A - PENICILLINS	1,405	1,264	89.9	141	10.0	92	7.2	0	305,629	0.4
W1C - TETRACYCLINES	515	408	79.2	107	20.7	21	5.1	1	43,557	1.1
W1D - MACROLIDES	216	170	78.7	46	21.2	12	7.0	1	177,163	0.1
W1F - AMINOGLYCOSIDES	70	60	85.7	10	14.2	6	10.0	0	5,617	1.2
W1G - ANTITUBERCULAR ANTIBIOTICS	23	20	86.9	3	13.0	6	30.0	0	1,429	1.6
W1J - VANCOMYCIN AND DERIVATIVES	55	51	92.7	4	7.2	2	3.9	0	6,293	0.8
W1K - LINCOSAMIDES	66	60	90.9	6	9.0	5	8.3	0	14,134	0.4
W1L - ANTIBIOTICS, MISCELLANEOUS, O	1	1	0.0	0	0.0	0	0.0	0	49	2.0
W1N - POLYMYXIN AND DERIVATIVES	0	0	0.0	0	0.0	0	0.0	0	245	0.0
W1O - OXAZOLIDINONES	7	5	71.4	2	28.5	1	20.0	0	2,384	0.2
W1P - BETALACTAMS	8	8	0.0	0	0.0	0	0.0	2	254	3.1
W1Q - QUINOLONES	837	760	90.8	77	9.1	24	3.1	2	149,614	0.5
W1S - CARBAPENEMS (THIENAMYCINS)	14	14	0.0	0	0.0	0	0.0	0	1,245	1.1
W1W - CEPHALOSPORINS - 1ST GENERATI	541	486	89.8	55	10.1	14	2.8	0	108,669	0.4
W1X - CEPHALOSPORINS - 2ND GENERATI	191	177	92.6	14	7.3	3	1.6	0	27,506	0.6
W1Y - CEPHALOSPORINS - 3RD GENERATI	274	254	92.7	20	7.2	6	2.3	1	54,203	0.5
W1Z - CEPHALOSPORINS - 4TH GENERATI	13	13	0.0	0	0.0	0	0.0	0	645	2.0
W2A - ABSORBABLE SULFONAMIDES	1,081	880	81.4	201	18.5	55	6.2	5	73,206	1.4
W2E - ANTI-MYCOBACTERIUM AGENTS	35	29	82.8	6	17.1	4	13.7	0	1,723	2.0
W2F - NITROFURAN DERIVATIVES	567	488	86.0	79	13.9	19	3.8	0	38,350	1.4
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	40	27	67.5	13	32.5	2	7.4	0	3,665	1.0
W3A - ANTIFUNGAL ANTIBIOTICS	227	175	77.0	52	22.9	28	16.0	1	26,277	0.8
W3B - ANTIFUNGAL AGENTS	201	129	64.1	72	35.8	8	6.2	0	56,696	0.3
W4A - ANTIMALARIAL DRUGS	427	249	58.3	178	41.6	18	7.2	2	31,988	1.3
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	151	134	88.7	17	11.2	6	4.4	0	26,886	0.5
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	6	3	50.0	3	50.0	0	0.0	0	282	2.1
W4L - ANTHELMINTICS	6	5	83.3	1	16.6	0	0.0	0	2,752	0.2
W4M - ANTIPARASITICS	0	0	0.0	0	0.0	0	0.0	0	155	0.0
W4P - ANTILEPROTICS	21	10	47.6	11	52.3	0	0.0	0	1,545	1.3
W5A - ANTIVIRALS, GENERAL	230	145	63.0	85	36.9	25	17.2	0	27,001	0.8
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	78	47	60.2	31	39.7	11	23.4	7	6,098	1.2
W5D - ANTIVIRAL MONOCLONAL ANTIBODI	24	23	95.8	1	4.1	8	34.7	0	3,225	0.7
W5F - HEPATITIS B TREATMENT AGENTS	11	7	63.6	4	36.3	0	0.0	2	442	2.4
W5G - HEPATITIS C TREATMENT AGENTS	111	49	44.1	62	55.8	3	6.1	0	5,034	2.2
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	26	14	53.8	12	46.1	0	0.0	0	2,530	1.0
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	101	56	55.4	45	44.5	10	17.8	3	8,053	1.2
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	88	51	57.9	37	42.0	2	3.9	1	4,941	1.7
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	75	42	56.0	33	44.0	1	2.3	1	4,334	1.7

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W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	42	24	57.1	18	42.8	3	12.5	0	2,778	1.5
W5N - ANTIVIRALS, HIV-SPECIFIC, FUS	5	2	40.0	3	60.0	0	0.0	0	332	1.5
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS	26	18	69.2	8	30.7	0	0.0	3	1,973	1.3
W5P - ANTIVIRALS, HIV-SPEC, NON-PEP	0	0	0.0	0	0.0	0	0.0	0	14	0.0
W7J - NEUROTOXIC VIRUS VACCINES	0	0	0.0	0	0.0	0	0.0	0	6	0.0
W7K - ANTISERA	4	4	0.0	0	0.0	0	0.0	0	429	0.9
W7L - GRAM POSITIVE COCCI VACCINES	5	5	0.0	0	0.0	0	0.0	0	2,273	0.2
W8D - OXIDIZING AGENTS	8	8	0.0	0	0.0	0	0.0	0	586	1.3
W8F - IRRIGANTS	72	58	80.5	14	19.4	5	8.6	1	5,387	1.3
W8T - PRESERVATIVES	0	0	0.0	0	0.0	0	0.0	0	148	0.0
W9A - KETOLIDES	1	1	0.0	0	0.0	0	0.0	0	5,399	0.0
W9B - CYCLIC LIPOPEPTIDES	5	5	0.0	0	0.0	0	0.0	0	393	1.2
W9C - RIFAMYCINS AND RELATED DERIVA	3	2	66.6	1	33.3	2	0.0	0	386	0.7
Z2A - ANTIHISTAMINES	5,203	3,112	59.8	2,091	40.1	241	7.7	9	478,627	1.0
Z2E - IMMUNOSUPPRESSIVES	542	328	60.5	214	39.4	31	9.4	4	30,455	1.7
Z2F - MAST CELL STABILIZERS	25	16	64.0	9	36.0	1	6.2	0	2,442	1.0
Z2G - IMMUNOMODULATORS	29	21	72.4	8	27.5	2	9.5	0	3,299	0.8
Z2H - SYSTEMIC ENZYME INHIBITORS	3	3	0.0	0	0.0	1	33.3	0	161	1.8
Z2L - MONOCLONAL ANTIBODIES TO IMMU	9	8	88.8	1	11.1	3	37.5	0	770	1.1
Z2N - 1ST GEN ANTIHISTAMINE & DECON	7	4	57.1	3	42.8	0	0.0	0	2,119	0.3
Z2O - 2ND GEN ANTIHISTAMINE & DECON	1	1	0.0	0	0.0	0	0.0	0	306	0.3
Z2P - ANTIHISTAMINES - 1ST GENERATI	2	2	0.0	0	0.0	0	0.0	0	145	1.3
Z2Q - ANTIHISTAMINES - 2ND GENERATI	62	39	62.9	23	37.0	3	7.6	0	6,670	0.9
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	1,442	738	51.1	704	48.8	43	5.8	1	103,636	1.3
ER - OVERUSE - EARLY REFILL	**263,050**	**172,652**	**65.6**	**90,398**	**34.3**	**24,620**	**14.2**	**1,783**	**16,279,963**	**1.6**

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A1A -	DIGITALIS GLYCOSIDES	78	54	69.2	24	30.7	45	83.3	0	85,864	0.0
A1B -	XANTHINES	505	394	78.0	111	21.9	359	91.1	0	24,186	2.0
A1D -	GENERAL BRONCHODILATOR AGENTS	1,890	1,610	85.1	280	14.8	1,372	85.2	0	66,649	2.8
A2A -	ANTIARRHYTHMICS	105	64	60.9	41	39.0	52	81.2	0	24,835	0.4
A4A -	HYPOTENSIVES,VASODILATORS	115	82	71.3	33	28.6	78	95.1	0	14,725	0.7
A4B -	HYPOTENSIVES,SYMPATHOLYTIC	1,529	1,234	80.7	295	19.2	1,156	93.6	0	97,481	1.5
A4D -	HYPOTENSIVES, ACE INHIBITORS	901	660	73.2	241	26.7	588	89.0	0	396,286	0.2
A4F -	HYPOTENSIVES,ANGIOTENSIN RECE	1,034	556	53.7	478	46.2	493	88.6	0	129,026	0.8
A4K -	ACE INHIBITOR/CALCIUM CHANNEL	400	235	58.7	165	41.2	193	82.1	0	36,773	1.0
A4Y -	HYPOTENSIVES,MISCELLANEOUS	36	30	83.3	6	16.6	26	86.6	0	13,567	0.2
A7B -	VASODILATORS,CORONARY	929	723	77.8	206	22.1	637	88.1	0	149,452	0.6
A9A -	CALCIUM CHANNEL BLOCKING AGEN	4,417	3,450	78.1	967	21.8	3,255	94.3	0	277,409	1.5
B3A -	MUCOLYTICS	71	54	76.0	17	23.9	47	87.0	0	3,153	2.2
B3J -	EXPECTORANTS	1,947	1,449	74.4	498	25.5	1,111	76.6	0	142,574	1.3
B3K -	COUGH AND/OR COLD PREPARATION	1,687	1,183	70.1	504	29.8	910	76.9	0	171,838	0.9
B3R -	NON-NARC ANTITUSS-1ST GEN. AN	4	2	50.0	2	50.0	1	50.0	0	3,667	0.1
B3T -	NON-NARCOTIC ANTITUSSIVE AND	131	93	70.9	38	29.0	74	79.5	0	1,511	8.6
B4S -	NARCOTIC ANTITUSSIVE-EXPECTOR	3	1	33.3	2	66.6	1	0.0	0	76	3.9
B4W -	DECONGESTANT-EXPECTORANT COMB	2	0	0.0	2	0.0	0	0.0	0	394	0.5
C0B -	WATER	1	1	0.0	0	0.0	0	0.0	0	3,089	0.0
C0D -	ANTI-ALCOHOLIC PREPARATIONS	7	7	0.0	0	0.0	5	71.4	0	1,691	0.4
C0K -	BICARBONATE PRODUCING/CONTAIN	48	38	79.1	10	20.8	36	94.7	0	970	4.9
C1A -	ELECTROLYTE DEPLETERS	1,281	996	77.7	285	22.2	937	94.0	0	28,465	4.5
C1B -	SODIUM/SALINE PREPARATIONS	19	8	42.1	11	57.8	1	12.5	0	17,241	0.1
C1D -	POTASSIUM REPLACEMENT	2,587	2,134	82.4	453	17.5	2,050	96.0	0	227,510	1.1
C1F -	CALCIUM REPLACEMENT	448	377	84.1	71	15.8	348	92.3	0	156,962	0.2
C1H -	MAGNESIUM SALTS REPLACEMENT	703	93	13.2	610	86.7	91	97.8	0	10,372	6.7
C1W -	ELECTROLYTE MAINTENANCE	5	5	0.0	0	0.0	3	60.0	0	2,985	0.1
C3B -	IRON REPLACEMENT	2,568	2,127	82.8	441	17.1	2,056	96.6	0	111,807	2.2
C3H -	IODINE CONTAINING AGENTS	4	4	0.0	0	0.0	1	25.0	0	271	1.4
C4H -	ANTIHYPERGLYCEMIC, AMYLIN ANA	26	9	34.6	17	65.3	6	66.6	0	143	18.1
C4I -	ANTIHYPERGLY,INCRETIN MIMETIC	44	28	63.6	16	36.3	21	75.0	0	348	12.6
C4K -	HYPOGLYCEMICS, INSULIN-RELEAS	1,215	880	72.4	335	27.5	786	89.3	0	164,586	0.7
C4L -	HYPOGLYCEMICS, BIGUANIDE TYPE	1,054	799	75.8	255	24.1	700	87.6	0	120,156	0.8
C4M -	HYPOGLYCEMICS, ALPHA-GLUCOSID	69	49	71.0	20	28.9	47	95.9	0	2,432	2.8
C4N -	HYPOGLYCEMICS, INSULIN-RESPON	679	445	65.5	234	34.4	363	81.5	0	100,226	0.6
C5J -	IV SOLUTIONS: DEXTROSE-WATER	23	19	82.6	4	17.3	14	73.6	0	2,688	0.8
C6A -	VITAMIN A PREPARATIONS	3	0	0.0	3	0.0	0	0.0	0	163	1.8
C6B -	VITAMIN B PREPARATIONS	269	226	84.0	43	15.9	206	91.1	0	32,587	0.8
C6C -	VITAMIN C PREPARATIONS	1	1	0.0	0	0.0	0	0.0	0	38,817	0.0
C6D -	VITAMIN D PREPARATIONS	24	16	66.6	8	33.3	15	93.7	0	6,671	0.3
C6F -	PRENATAL VITAMIN PREPARATIONS	541	341	63.0	200	36.9	187	54.8	0	60,040	0.9
C6H -	PEDIATRIC VITAMIN PREPARATION	318	199	62.5	119	37.4	197	98.9	0	15,028	2.1
C6K -	VITAMIN K PREPARATIONS	6	6	0.0	0	0.0	6	0.0	0	1,782	0.3
C6L -	VITAMIN B12 PREPARATIONS	750	587	78.2	163	21.7	477	81.2	0	19,897	3.7
C6M -	FOLIC ACID PREPARATIONS	194	182	93.8	12	6.1	171	93.9	0	45,818	0.4
C6N -	NIACIN PREPARATIONS	9	9	0.0	0	0.0	9	0.0	0	2,312	0.3
C6T -	VITAMIN B1 PREPARATIONS	1	1	0.0	0	0.0	1	0.0	0	8,115	0.0
C6Z -	MULTIVITAMIN PREPARATIONS	938	783	83.4	155	16.5	666	85.0	0	245,013	0.3
C7A -	HYPERURICEMIA TX - PURINE INH	53	40	75.4	13	24.5	32	80.0	0	29,975	0.1
C7D -	METABOLIC DEFICIENCY AGENTS	3	3	0.0	0	0.0	3	0.0	0	2,823	0.1
C7E -	APPETITE STIMULANTS	79	63	79.7	16	20.2	59	93.6	0	1,476	5.3
C8A -	METALLIC POISON,AGENTS TO TRE	2	1	50.0	1	50.0	1	0.0	0	601	0.3
D1A -	PERIODONTAL COLLAGENASE INHIB	1	0	0.0	1	0.0	0	0.0	0	1,096	0.0
D1D -	DENTAL AIDS AND PREPARATIONS	1,405	1,226	87.2	179	12.7	973	79.3	0	17,393	8.0
D4B -	ANTACIDS	116	88	75.8	28	24.1	78	88.6	0	38,056	0.3

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D4E -	ANTI-ULCER PREPARATIONS	584	396	67.8	188	32.1	314	79.2	0	16,973	3.4
D4F -	ANTI-ULCER-H.PYLORI AGENTS	84	29	34.5	55	65.4	17	58.6	0	1,761	4.7
D4K -	GASTRIC ACID SECRETION REDUCE	16,864	10,970	65.0	5,894	34.9	10,300	93.8	0	712,286	2.3
D5A -	FAT ABSORPTION DECREASING AGE	34	0	0.0	34	0.0	0	0.0	0	476	7.1
D6C -	IRRITABLE BOWEL SYND. AGENT,5	11	9	81.8	2	18.1	7	77.7	0	250	4.4
D6D -	ANTIDIARRHEALS	1,910	1,620	84.8	290	15.1	1,252	77.2	0	38,122	5.0
D6E -	IRRITABLE BOWEL SYND. AGENT,5	629	482	76.6	147	23.3	442	91.7	0	17,976	3.4
D6F -	DRUG TX-CHRONIC INFLAM. COLON	705	580	82.2	125	17.7	548	94.4	0	7,314	9.6
D6S -	LAXATIVES AND CATHARTICS	12,420	10,451	84.1	1,969	15.8	9,680	92.6	0	395,499	3.1
D7A -	BILE SALTS	124	91	73.3	33	26.6	81	89.0	0	2,403	5.1
D7L -	BILE SALT SEQUESTRANTS	50	6	12.0	44	88.0	4	66.6	0	9,317	0.5
D8A -	PANCREATIC ENZYMES	187	129	68.9	58	31.0	121	93.7	0	7,523	2.4
D9A -	AMMONIA INHIBITORS	55	45	81.8	10	18.1	42	93.3	0	8,374	0.6
F1A -	ANDROGENIC AGENTS	84	64	76.1	20	23.8	55	85.9	0	4,945	1.6
F2A -	DRUGS TO TREAT IMPOTENCY	69	1	1.4	68	98.5	0	0.0	0	4,140	1.6
G1A -	ESTROGENIC AGENTS	575	426	74.0	149	25.9	349	81.9	0	74,376	0.7
G1B -	ESTROGEN/ANDROGEN COMBINATION	2	0	0.0	2	0.0	0	0.0	0	1,006	0.1
G2A -	PROGESTATIONAL AGENTS	100	59	59.0	41	41.0	55	93.2	0	10,022	0.9
G3A -	OXYTOCICS	2	1	50.0	1	50.0	1	0.0	0	610	0.3
G8A -	CONTRACEPTIVES,ORAL	1,222	933	76.3	289	23.6	758	81.2	0	77,766	1.5
G8C -	CONTRACEPTIVES,INJECTABLE	9	3	33.3	6	66.6	1	33.3	0	12,979	0.0
G8F -	CONTRACEPTIVES,TRANSDERMAL	491	291	59.2	200	40.7	127	43.6	0	23,335	2.1
G9B -	CONTRACEPTIVES, INTRAVAGINAL,	183	130	71.0	53	28.9	81	62.3	0	2,357	7.7
H0A -	LOCAL ANESTHETICS	20	12	60.0	8	40.0	3	25.0	1	11,237	0.1
H0E -	AGENTS TO TREAT MULTIPLE SCLE	1,090	828	75.9	262	24.0	757	91.4	0	10,468	10.4
H1A -	ALZHEIMER'S THERAPY, NMDA REC	219	186	84.9	33	15.0	142	76.3	0	32,481	0.6
H2A -	CENTRAL NERVOUS SYSTEM STIMUL	97	78	80.4	19	19.5	77	98.7	0	814	11.9
H2D -	BARBITURATES	7	7	0.0	0	0.0	5	71.4	0	32,688	0.0
H2E -	SEDATIVE-HYPNOTICS,NON-BARBIT	5,991	4,715	78.7	1,276	21.2	4,418	93.7	0	146,247	4.0
H2F -	ANTI-ANXIETY DRUGS	2,090	1,644	78.6	446	21.3	1,429	86.9	3	438,726	0.4
H2G -	ANTI-PSYCHOTICS,PHENOTHIAZINE	182	147	80.7	35	19.2	141	95.9	0	35,305	0.5
H2M -	ANTI-MANIA DRUGS	79	55	69.6	24	30.3	38	69.0	0	40,116	0.1
H2S -	SELECTIVE SEROTONIN REUPTAKE	11,159	8,545	76.5	2,614	23.4	8,230	96.3	0	1	0.0
H2U -	TRICYCLIC ANTIDEPRESSANTS & R	252	179	71.0	73	28.9	166	92.7	1	116,871	0.2
H2V -	TX FOR ATTENTION DEFICIT-HYPE	2,795	2,394	85.6	401	14.3	2,314	96.6	0	124,550	2.2
H2W -	TRICYCLIC ANTIDEPRESSANT/PHEN	39	20	51.2	19	48.7	19	95.0	0	2,087	1.8
H2X -	TRICYCLIC ANTIDEPRESSANT/BENZ	3	3	0.0	0	0.0	3	0.0	0	802	0.3
H3A -	ANALGESICS,NARCOTICS	98,075	74,662	76.1	23,413	23.8	49,303	66.0	1	1,509,899	6.4
H3D -	ANALGESIC/ANTIPYRETICS, SALIC	490	372	75.9	118	24.0	288	77.4	0	194,495	0.2
H3E -	ANALGESIC/ANTIPYRETICS,NON-SA	8,589	7,293	84.9	1,296	15.0	5,882	80.6	0	197,096	4.3
H3F -	ANTIMIGRAINE PREPARATIONS	1,461	744	50.9	717	49.0	451	60.6	0	48,260	3.0
H3N -	ANALGESICS, NARCOTIC AGONIST	1,194	933	78.1	261	21.8	723	77.4	0	7,312	16.3
H3T -	NARCOTIC ANTAGONISTS	312	269	86.2	43	13.7	265	98.5	0	2,511	12.4
H4B -	ANTICONVULSANTS	5,783	4,531	78.3	1,252	21.6	4,185	92.3	1	845,043	0.6
H6A -	ANTIPARKINSONISM DRUGS,OTHER	375	282	75.2	93	24.8	251	89.0	0	61,935	0.6
H6B -	ANTIPARKINSONISM DRUGS,ANTICH	397	299	75.3	98	24.6	274	91.6	0	61,731	0.6
H6C -	ANTITUSSIVES,NON-NARCOTIC	1,465	1,228	83.8	237	16.1	885	72.0	0	16,310	8.9
H6H -	SKELETAL MUSCLE RELAXANTS	3,627	2,346	64.6	1,281	35.3	2,092	89.1	1	227,330	1.5
H6I -	AMYOTROPHIC LATERAL SCLEROSIS	6	5	83.3	1	16.6	2	40.0	0	248	2.4
H6J -	ANTIEMETIC/ANTIVERTIGO AGENTS	3,393	2,483	73.1	910	26.8	1,871	75.3	0	82,921	4.0
H7B -	ALPHA-2 RECEPTOR ANTAGONIST A	1,879	1,481	78.8	398	21.1	1,424	96.1	0	91,778	2.0
H7C -	SEROTONIN-NOREPINEPHRINE REUP	9,770	7,673	78.5	2,097	21.4	7,448	97.0	0	154,522	6.3
H7D -	NOREPINEPHRINE AND DOPAMINE R	1,199	928	77.3	271	22.6	850	91.5	0	99,399	1.2
H7E -	SEROTONIN-2 ANTAGONIST/REUPTA	94	59	62.7	35	37.2	47	79.6	0	114,844	0.0
H7N -	SMOKING DETERRENTS, OTHER	26	17	65.3	9	34.6	16	94.1	0	1,008	2.5
H7O -	ANTIPSYCHOTICS,DOPAMINE ANTAG	7	7	0.0	0	0.0	7	0.0	0	30,172	0.0

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H7P -	ANTIPSYCHOTICS,DOPAMINE ANTAG	17	14	82.3	3	17.6	14	0.0	0	5,285	0.3
H7R -	ANTIPSYCH,DOPAMINE ANTAG.,DIP	4	3	75.0	1	25.0	2	66.6	0	569	0.7
H7T -	ANTIPSYCHOTICS,ATYPICAL,DOPAM	18,641	15,420	82.7	3,221	17.2	15,047	97.5	0	1	0.0
H7U -	ANTIPSYCHOTICS, DOPAMINE & SE	6	6	0.0	0	0.0	6	0.0	0	3,273	0.1
H7W -	ANTI-NARCOLEPSY & ANTI-CATAPL	1	0	0.0	1	0.0	0	0.0	0	314	0.3
H7X -	ANTIPSYCHOTICS, ATYP, D2 PART	1,153	971	84.2	182	15.7	933	96.0	0	68,875	1.6
H7Y -	TX FOR ATTENTION DEFICIT-HYPE	925	749	80.9	176	19.0	705	94.1	0	55,994	1.6
H7Z -	SSRI &ANTIPSYCH,ATYP,DOPAMINE	155	124	80.0	31	20.0	120	96.7	0	4,989	3.1
H8B -	HYPNOTICS, MELATONIN MT1/MT2	1	1	0.0	0	0.0	1	0.0	0	36	2.7
J1A -	PARASYMPATHETIC AGENTS	41	31	75.6	10	24.3	24	77.4	0	4,366	0.9
J1B -	CHOLINESTERASE INHIBITORS	782	670	85.6	112	14.3	563	84.0	0	106,827	0.7
J2A -	BELLADONNA ALKALOIDS	137	81	59.1	56	40.8	52	64.1	0	16,927	0.8
J2B -	ANTICHOLINERGICS,QUATERNARY A	156	121	77.5	35	22.4	115	95.0	0	5,852	2.6
J2D -	ANTICHOLINERGICS/ANTISPASMODI	51	35	68.6	16	31.3	21	60.0	0	16,765	0.3
J3A -	SMOKING DETERRENT AGENTS (GAN	518	406	78.3	112	21.6	250	61.5	0	16,787	3.0
J5B -	ADRENERGICS, AROMATIC, NON-CA	1,985	1,619	81.5	366	18.4	1,558	96.2	0	100,713	1.9
J5D -	BETA-ADRENERGIC AGENTS	3,479	2,289	65.7	1,190	34.2	1,986	86.7	0	374,917	0.9
J5E -	SYMPATHOMIMETIC AGENTS	520	406	78.0	114	21.9	300	73.8	0	11,270	4.6
J5G -	BETA-ADRENERGICS AND GLUCOCOR	1,726	1,211	70.1	515	29.8	968	79.9	0	80,267	2.1
J5H -	ADRENERGIC VASOPRESSOR AGENTS	26	18	69.2	8	30.7	17	94.4	0	2,443	1.0
J7A -	ALPHA/BETA-ADRENERGIC BLOCKIN	838	569	67.8	269	32.1	526	92.4	0	1	0.0
J7B -	ALPHA-ADRENERGIC BLOCKING AGE	36	30	83.3	6	16.6	27	90.0	0	25,041	0.1
J7C -	BETA-ADRENERGIC BLOCKING AGEN	215	160	74.4	55	25.5	105	65.6	0	341,529	0.0
J8A -	ANOREXIC AGENTS	110	0	0.0	110	0.0	0	0.0	0	2,144	5.1
J9A -	INTESTINAL MOTILITY STIMULANT	137	102	74.4	35	25.5	70	68.6	0	65,890	0.2
J9B -	ANTISPASMODIC AGENTS	21	1	4.7	20	95.2	1	0.0	0	302	6.9
L1A -	ANTIPSORIATIC AGENTS,SYSTEMIC	4	3	75.0	1	25.0	2	66.6	0	426	0.9
L2A -	EMOLLIENTS	1	0	0.0	1	0.0	0	0.0	0	20,390	0.0
M4E -	LIPOTROPICS	906	667	73.6	239	26.3	531	79.6	0	504,607	0.1
M4G -	HYPERGLYCEMICS	1	0	0.0	1	0.0	0	0.0	0	6,895	0.0
M4I -	ANTIHYPERLIP(HMGCOA) & CALCIU	14	9	64.2	5	35.7	8	88.8	0	3,763	0.3
M9F -	THROMBOLYTIC ENZYMES	39	19	48.7	20	51.2	18	94.7	0	204	19.1
M9K -	HEPARIN AND RELATED PREPARATI	380	254	66.8	126	33.1	222	87.4	0	23,671	1.6
M9L -	ORAL ANTICOAGULANTS,COUMARIN	905	648	71.6	257	28.3	550	84.8	0	154,546	0.5
M9P -	PLATELET AGGREGATION INHIBITO	547	401	73.3	146	26.6	268	66.8	0	136,143	0.4
M9S -	HEMORRHEOLOGIC AGENTS	206	164	79.6	42	20.3	130	79.2	0	7,349	2.8
N1B -	HEMATINICS,OTHER	180	144	80.0	36	20.0	110	76.3	0	14,544	1.2
P0A -	FERTILITY STIMULATING PREPARA	10	0	0.0	10	0.0	0	0.0	0	125	8.0
P1F -	PITUITARY SUPPRESSIVE AGENTS	26	21	80.7	5	19.2	16	76.1	0	2,553	1.0
P2B -	ANTIDIURETIC AND VASOPRESSOR	168	135	80.3	33	19.6	113	83.7	0	16,526	1.0
P3A -	THYROID HORMONES	1,861	1,416	76.0	445	23.9	1,294	91.3	0	264,048	0.7
P3L -	ANTITHYROID PREPARATIONS	34	30	88.2	4	11.7	28	93.3	0	3,665	0.9
P4L -	BONE RESORPTION INHIBITORS	3,041	2,359	77.5	682	22.4	1,315	55.7	0	138,067	2.2
P4M -	CALCIMIMETIC,PARATHYROID CALC	1	1	0.0	0	0.0	0	0.0	0	4,996	0.0
P4N -	BONE RESORPTION INHIBITOR & V	1	1	0.0	0	0.0	0	0.0	0	277	0.3
P5A -	GLUCOCORTICOIDS	1,414	1,071	75.7	343	24.2	955	89.1	0	205,472	0.6
P5S -	MINERALOCORTICOIDS	178	135	75.8	43	24.1	130	96.2	0	5,097	3.4
Q3A -	RECTAL PREPARATIONS	44	1	2.2	43	97.7	0	0.0	0	9,026	0.4
Q3E -	CHRONIC INFLAM. COLON DX, 5-A	13	6	46.1	7	53.8	4	66.6	0	499	2.6
Q3S -	LAXATIVES, LOCAL/RECTAL	356	281	78.9	75	21.0	249	88.6	0	27,946	1.2
Q4F -	VAGINAL ANTIFUNGALS	54	17	31.4	37	68.5	8	47.0	0	9,899	0.5
Q4K -	VAGINAL ESTROGEN PREPARATIONS	69	23	33.3	46	66.6	14	60.8	0	5,504	1.2
Q4W -	VAGINAL ANTIBIOTICS	6	1	16.6	5	83.3	1	0.0	0	6,753	0.0
Q5F -	TOPICAL ANTIFUNGALS	2	1	50.0	1	50.0	0	0.0	0	112,361	0.0
Q5H -	TOPICAL LOCAL ANESTHETICS	618	514	83.1	104	16.8	429	83.4	0	25,849	2.3
Q5R -	TOPICAL ANTIPARASITICS	70	43	61.4	27	38.5	30	69.7	0	26,813	0.2

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Q5S -	TOPICAL SULFONAMIDES	2	2	0.0	0	0.0	2	0.0	0	12,157	0.0
Q6A -	OPHTHALMIC PREPARATIONS, MISC	26	2	7.6	24	92.3	2	0.0	0	580	4.4
Q6C -	EYE VASOCONSTRICTORS (RX ONLY	17	14	82.3	3	17.6	10	71.4	0	162	10.4
Q6D -	EYE VASOCONSTRICTORS (OTC ONL	23	5	21.7	18	78.2	4	80.0	0	495	4.6
Q6G -	MIOTICS/OTHER INTRAOC. PRESSU	5,336	4,037	75.6	1,299	24.3	3,557	88.1	0	73,374	7.2
Q6H -	EYE LOCAL ANESTHETICS	6	3	50.0	3	50.0	3	0.0	0	32	18.7
Q6I -	EYE ANTIBIOTIC-CORTICOID COMB	71	55	77.4	16	22.5	31	56.3	0	7,481	0.9
Q6J -	MYDRIATICS	282	202	71.6	80	28.3	182	90.0	0	2,760	10.2
Q6P -	EYE ANTIINFLAMMATORY AGENTS	954	774	81.1	180	18.8	577	74.5	0	14,084	6.7
Q6R -	EYE ANTIHISTAMINES	864	611	70.7	253	29.2	418	68.4	0	11,447	7.5
Q6S -	EYE SULFONAMIDES	380	278	73.1	102	26.8	201	72.3	0	9,262	4.1
Q6U -	OPHTHALMIC MAST CELL STABILIZ	33	8	24.2	25	75.7	6	75.0	0	2,375	1.3
Q6V -	EYE ANTIVIRALS	37	27	72.9	10	27.0	17	62.9	0	300	12.3
Q6W -	OPHTHALMIC ANTIBIOTICS	1,786	1,095	61.3	691	38.6	846	77.2	0	47,502	3.7
Q8B -	EAR PREPARATIONS, MISC. ANTI-	83	58	69.8	25	30.1	43	74.1	0	2,127	3.9
Q8F -	OTIC PREPARATIONS,ANTI-INFLAM	756	258	34.1	498	65.8	206	79.8	0	9,860	7.6
Q8H -	EAR PREPARATIONS,LOCAL ANESTH	534	349	65.3	185	34.6	216	61.8	0	8,256	6.4
Q8W -	EAR PREPARATIONS,ANTIBIOTICS	499	362	72.5	137	27.4	237	65.4	0	18,583	2.6
Q9B -	BENIGN PROSTATIC HYPERTROPHY/	127	93	73.2	34	26.7	69	74.1	0	35,277	0.3
R1A -	URINARY TRACT ANTISPASMODIC/A	1,853	1,457	78.6	396	21.3	1,355	92.9	0	1	0.0
R1E -	CARBONIC ANHYDRASE INHIBITORS	93	53	56.9	40	43.0	47	88.6	0	4,232	2.1
R1F -	THIAZIDE AND RELATED DIURETIC	45	26	57.7	19	42.2	19	73.0	0	107,970	0.0
R1H -	POTASSIUM SPARING DIURETICS	22	12	54.5	10	45.4	7	58.3	0	49,129	0.0
R1I -	URINARY TRACT ANTISPASMODIC,	19	9	47.3	10	52.6	7	77.7	0	2,243	0.8
R1L -	POTASSIUM SPARING DIURETICS I	30	21	70.0	9	30.0	14	66.6	0	58,894	0.0
R1M -	LOOP DIURETICS	167	130	77.8	37	22.1	116	89.2	0	345,835	0.0
R1R -	URICOSURIC AGENTS	2	2	0.0	0	0.0	2	0.0	0	854	0.2
R1S -	URINARY PH MODIFIERS	21	18	85.7	3	14.2	16	88.8	0	2,969	0.7
R5A -	URINARY TRACT ANESTHETIC/ANAL	619	511	82.5	108	17.4	338	66.1	0	8,743	7.0
R5B -	URINARY TRACT ANALGESIC AGENT	265	215	81.1	50	18.8	211	98.1	0	1,454	18.2
S2A -	COLCHICINE	131	101	77.0	30	22.9	66	65.3	0	6,254	2.0
S2B -	NSAIDS, CYCLOOXYGENASE INHIBI	6,969	4,599	65.9	2,370	34.0	3,551	77.2	0	396,253	1.7
S2C -	GOLD SALTS	2	2	0.0	0	0.0	1	50.0	0	93	2.1
S2I -	ANTI-INFLAMMATORY, PYRIMIDINE	20	12	60.0	8	40.0	8	66.6	0	2,033	0.9
S2J -	ANTI-INFLAMMATORY TUMOR NECRO	179	137	76.5	42	23.4	120	87.5	0	5,430	3.2
S2K -	ANTI-ARTHRITIC AND CHELATING	1	1	0.0	0	0.0	1	0.0	0	83	1.2
U6W -	BULK CHEMICALS	17	9	52.9	8	47.0	9	0.0	0	3,986	0.4
V1B -	ANTIMETABOLITES	8	4	50.0	4	50.0	3	75.0	0	12,320	0.0
V1E -	STEROID ANTINEOPLASTICS	86	78	90.6	8	9.3	70	89.7	0	12,064	0.7
V1F -	ANTINEOPLASTICS,MISCELLANEOUS	31	20	64.5	11	35.4	6	30.0	0	5,970	0.5
V1J -	ANTIANDROGENIC AGENTS	19	10	52.6	9	47.3	9	90.0	0	1,068	1.7
V1Q -	ANTINEOPLASTIC SYSTEMIC ENZYM	10	5	50.0	5	50.0	3	60.0	0	1,340	0.7
V1T -	SELECTIVE ESTROGEN RECEPTOR M	21	13	61.9	8	38.0	11	84.6	0	6,485	0.3
W1A -	PENICILLINS	1,568	1,166	74.3	402	25.6	949	81.3	1	305,629	0.5
W1C -	TETRACYCLINES	88	56	63.6	32	36.3	33	58.9	1	43,557	0.2
W1D -	MACROLIDES	732	519	70.9	213	29.0	354	68.2	0	177,163	0.4
W1G -	ANTITUBERCULAR ANTIBIOTICS	69	54	78.2	15	21.7	46	85.1	0	1,429	4.8
W1J -	VANCOMYCIN AND DERIVATIVES	11	7	63.6	4	36.3	2	28.5	0	6,293	0.1
W1K -	LINCOSAMIDES	118	93	78.8	25	21.1	73	78.4	0	14,134	0.8
W1O -	OXAZOLIDINONES	35	20	57.1	15	42.8	13	65.0	0	2,384	1.4
W1P -	BETALACTAMS	6	5	83.3	1	16.6	3	60.0	0	254	2.3
W1Q -	QUINOLONES	1,555	1,211	77.8	344	22.1	984	81.2	0	149,614	1.0
W1S -	CARBAPENEMS (THIENAMYCINS)	56	33	58.9	23	41.0	27	81.8	0	1,245	4.4
W1W -	CEPHALOSPORINS - 1ST GENERATI	158	100	63.2	58	36.7	55	55.0	0	108,669	0.1
W1X -	CEPHALOSPORINS - 2ND GENERATI	152	105	69.0	47	30.9	94	89.5	0	27,506	0.5
W1Y -	CEPHALOSPORINS - 3RD GENERATI	493	344	69.7	149	30.2	265	77.0	0	54,203	0.9

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W1Z - CEPHALOSPORINS - 4TH GENERATI	38	23	60.5	15	39.4	18	78.2	0	645	5.8
W2A - ABSORBABLE SULFONAMIDES	66	26	39.3	40	60.6	21	80.7	0	73,206	0.0
W2E - ANTI-MYCOBACTERIUM AGENTS	19	14	73.6	5	26.3	11	78.5	0	1,723	1.1
W2F - NITROFURAN DERIVATIVES	30	25	83.3	5	16.6	21	84.0	0	38,350	0.0
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	48	34	70.8	14	29.1	24	70.5	0	3,665	1.3
W2Y - ANTI-INFECTIVES, MISC. (ANTIB	2	0	0.0	2	0.0	0	0.0	0	14	14.2
W3A - ANTIFUNGAL ANTIBIOTICS	580	435	75.0	145	25.0	309	71.0	0	26,277	2.2
W3B - ANTIFUNGAL AGENTS	316	164	51.8	152	48.1	115	70.1	0	56,696	0.5
W4A - ANTIMALARIAL DRUGS	48	38	79.1	10	20.8	27	71.0	0	31,988	0.1
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	48	30	62.5	18	37.5	16	53.3	0	26,886	0.1
W4G - 2ND GEN. ANAEROBIC ANTIPROTOZ	1	0	0.0	1	0.0	0	0.0	0	18	5.5
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	1	1	0.0	0	0.0	0	0.0	0	282	0.3
W4M - ANTIPARASITICS	7	6	85.7	1	14.2	6	0.0	0	155	4.5
W4P - ANTILEPROTICS	5	1	20.0	4	80.0	1	0.0	0	1,545	0.3
W5A - ANTIVIRALS, GENERAL	196	110	56.1	86	43.8	84	76.3	0	27,001	0.7
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	52	39	75.0	13	25.0	33	84.6	0	6,098	0.8
W5F - HEPATITIS B TREATMENT AGENTS	3	1	33.3	2	66.6	1	0.0	0	442	0.6
W5G - HEPATITIS C TREATMENT AGENTS	110	75	68.1	35	31.8	59	78.6	0	5,034	2.1
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	12	8	66.6	4	33.3	6	75.0	0	2,530	0.4
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	53	38	71.6	15	28.3	31	81.5	0	8,053	0.6
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	29	16	55.1	13	44.8	13	81.2	0	4,941	0.5
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	49	30	61.2	19	38.7	29	96.6	0	4,334	1.1
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	23	17	73.9	6	26.0	15	88.2	0	2,778	0.8
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS	15	8	53.3	7	46.6	4	50.0	0	1,973	0.7
W7Q - GRAM NEGATIVE COCCI VACCINES	2	2	0.0	0	0.0	2	0.0	0	51	3.9
W9A - KETOLIDES	42	15	35.7	27	64.2	6	40.0	0	5,399	0.7
W9C - RIFAMYCINS AND RELATED DERIVA	99	78	78.7	21	21.2	76	97.4	0	386	25.6
Z2A - ANTIHISTAMINES	7,213	5,034	69.7	2,179	30.2	3,601	71.5	0	478,627	1.5
Z2E - IMMUNOSUPPRESSIVES	76	56	73.6	20	26.3	50	89.2	0	30,455	0.2
Z2F - MAST CELL STABILIZERS	22	12	54.5	10	45.4	9	75.0	0	2,442	0.9
Z2G - IMMUNOMODULATORS	430	336	78.1	94	21.8	234	69.6	0	3,299	13.0
Z2L - MONOCLONAL ANTIBODIES TO IMMU	61	25	40.9	36	59.0	24	96.0	0	770	7.9
Z2N - 1ST GEN ANTIHISTAMINE & DECON	27	21	77.7	6	22.2	17	80.9	0	2,119	1.2
Z2O - 2ND GEN ANTIHISTAMINE & DECON	6	2	33.3	4	66.6	2	0.0	0	306	1.9
Z2P - ANTIHISTAMINES - 1ST GENERATI	1	1	0.0	0	0.0	1	0.0	0	145	0.6
Z2Q - ANTIHISTAMINES - 2ND GENERATI	99	60	60.6	39	39.3	47	78.3	0	6,670	1.4
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	412	276	66.9	136	33.0	212	76.8	0	103,636	0.3
HD - HIGH DOSE	**310,395**	**234,656**	**75.5**	**75,739**	**24.4**	**189,661**	**80.8**	**10**	**15,520,315**	**1.9**

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A1B - XANTHINES	53	53	0.0	0	0.0	2	3.7	4	24,186	0.2
A1C - INOTROPIC DRUGS	1	1	0.0	0	0.0	1	0.0	0	11	9.0
A1D - GENERAL BRONCHODILATOR AGENTS	5,587	5,587	0.0	0	0.0	2,089	37.3	388	66,649	8.3
A4A - HYPOTENSIVES,VASODILATORS	1	1	0.0	0	0.0	0	0.0	0	14,725	0.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	5	5	0.0	0	0.0	2	40.0	0	97,481	0.0
A4D - HYPOTENSIVES, ACE INHIBITORS	1,777	1,777	0.0	0	0.0	404	22.7	78	396,286	0.4
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	1,637	1,637	0.0	0	0.0	406	24.8	87	129,026	1.2
A4K - ACE INHIBITOR/CALCIUM CHANNEL	1,570	1,570	0.0	0	0.0	215	13.6	75	36,773	4.2
A4Y - HYPOTENSIVES,MISCELLANEOUS	886	886	0.0	0	0.0	88	9.9	48	13,567	6.5
A7B - VASODILATORS,CORONARY	526	526	0.0	0	0.0	105	19.9	22	149,452	0.3
A7J - VASODILATORS, COMBINATION	1	1	0.0	0	0.0	0	0.0	0	50	2.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	874	874	0.0	0	0.0	71	8.1	35	277,409	0.3
B1C - PULMONARY ANTIHYPERTENSIVES,	1	1	0.0	0	0.0	0	0.0	0	199	0.5
B3J - EXPECTORANTS	10,097	10,097	0.0	0	0.0	724	7.1	932	142,574	7.0
B3K - COUGH AND/OR COLD PREPARATION	21,713	21,713	0.0	0	0.0	1,891	8.7	1,834	171,838	12.6
B3O - 1ST GEN ANTIHISTAMINE-DECONGE	1	1	0.0	0	0.0	0	0.0	0	2	50.0
B3Q - NARCOTIC ANTITUSS-1ST GEN. AN	1	1	0.0	0	0.0	0	0.0	0	1	0.0
B3R - NON-NARC ANTITUSS-1ST GEN. AN	448	448	0.0	0	0.0	19	4.2	87	3,667	12.2
B3T - NON-NARCOTIC ANTITUSSIVE AND	78	78	0.0	0	0.0	11	14.1	12	1,511	5.1
B4Q - NARCOTIC ANTITUSS-DECONGESTAN	18	18	0.0	0	0.0	2	11.1	5	80	22.5
B4S - NARCOTIC ANTITUSSIVE-EXPECTOR	24	24	0.0	0	0.0	4	16.6	2	76	31.5
B4W - DECONGESTANT-EXPECTORANT COMB	20	20	0.0	0	0.0	2	10.0	2	394	5.0
C0K - BICARBONATE PRODUCING/CONTAIN	21	21	0.0	0	0.0	1	4.7	0	970	2.1
C1A - ELECTROLYTE DEPLETERS	171	171	0.0	0	0.0	7	4.0	31	28,465	0.6
C1B - SODIUM/SALINE PREPARATIONS	276	276	0.0	0	0.0	27	9.7	10	17,241	1.6
C1D - POTASSIUM REPLACEMENT	132	132	0.0	0	0.0	11	8.3	14	227,510	0.0
C1F - CALCIUM REPLACEMENT	1,325	1,325	0.0	0	0.0	33	2.4	115	156,962	0.8
C1H - MAGNESIUM SALTS REPLACEMENT	1	1	0.0	0	0.0	0	0.0	0	10,372	0.0
C1P - PHOSPHATE REPLACEMENT	19	19	0.0	0	0.0	0	0.0	0	906	2.0
C1W - ELECTROLYTE MAINTENANCE	1	1	0.0	0	0.0	0	0.0	0	2,985	0.0
C3B - IRON REPLACEMENT	3,798	3,798	0.0	0	0.0	373	9.8	317	111,807	3.3
C3C - ZINC REPLACEMENT	57	57	0.0	0	0.0	0	0.0	6	14,317	0.3
C3M - MINERAL REPLACEMENT,MISCELLAN	9	9	0.0	0	0.0	0	0.0	0	116	7.7
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	593	593	0.0	0	0.0	19	3.2	50	164,586	0.3
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	752	752	0.0	0	0.0	25	3.3	57	120,156	0.6
C4N - HYPOGLYCEMICS, INSULIN-RESPON	473	473	0.0	0	0.0	21	4.4	96	100,226	0.4
C5B - PROTEIN REPLACEMENT	33	33	0.0	0	0.0	0	0.0	0	503	6.5
C5J - IV SOLUTIONS: DEXTROSE-WATER	130	130	0.0	0	0.0	6	4.6	5	2,688	4.8
C5K - IV SOLUTIONS: DEXTROSE-SALINE	26	26	0.0	0	0.0	0	0.0	2	2,367	1.0
C6B - VITAMIN B PREPARATIONS	2,107	2,107	0.0	0	0.0	57	2.7	132	32,587	6.4
C6C - VITAMIN C PREPARATIONS	329	329	0.0	0	0.0	3	0.9	6	38,817	0.8
C6D - VITAMIN D PREPARATIONS	324	324	0.0	0	0.0	6	1.8	21	6,671	4.8
C6E - VITAMIN E PREPARATIONS	12	12	0.0	0	0.0	2	16.6	0	26,290	0.0
C6F - PRENATAL VITAMIN PREPARATIONS	3,303	3,303	0.0	0	0.0	445	13.4	405	60,040	5.5
C6G - GERIATRIC VITAMIN PREPARATION	239	239	0.0	0	0.0	0	0.0	21	5,255	4.5
C6H - PEDIATRIC VITAMIN PREPARATION	190	190	0.0	0	0.0	6	3.1	25	15,028	1.2
C6L - VITAMIN B12 PREPARATIONS	421	421	0.0	0	0.0	53	12.5	6	19,897	2.1
C6M - FOLIC ACID PREPARATIONS	1,611	1,611	0.0	0	0.0	70	4.3	67	45,818	3.5
C6N - NIACIN PREPARATIONS	14	14	0.0	0	0.0	0	0.0	1	2,312	0.6
C6Q - VITAMIN B6 PREPARATIONS	46	46	0.0	0	0.0	0	0.0	2	5,520	0.8
C6Z - MULTIVITAMIN PREPARATIONS	973	973	0.0	0	0.0	34	3.4	36	245,013	0.3
C7B - DECARBOXYLASE INHIBITORS	50	50	0.0	0	0.0	0	0.0	0	103	48.5
C7D - METABOLIC DEFICIENCY AGENTS	3	3	0.0	0	0.0	0	0.0	1	2,823	0.1
C7E - APPETITE STIMULANTS	10	10	0.0	0	0.0	0	0.0	0	1,476	0.6
D1A - PERIODONTAL COLLAGENASE INHIB	1	1	0.0	0	0.0	0	0.0	0	1,096	0.0
D2A - FLUORIDE PREPARATIONS	3	3	0.0	0	0.0	0	0.0	0	6,926	0.0

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D4B - ANTACIDS	207	207	0.0	0	0.0	2	0.9	8	38,056	0.5
D4E - ANTI-ULCER PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	16,973	0.0
D4F - ANTI-ULCER-H.PYLORI AGENTS	63	63	0.0	0	0.0	7	11.1	4	1,761	3.5
D4G - GASTRIC ENZYMES	45	45	0.0	0	0.0	1	2.2	2	2,763	1.6
D4K - GASTRIC ACID SECRETION REDUCE	10,699	10,699	0.0	0	0.0	633	5.9	1,049	712,286	1.5
D4N - ANTIFLATULENTS	71	71	0.0	0	0.0	0	0.0	1	5,713	1.2
D6D - ANTIDIARRHEALS	551	551	0.0	0	0.0	60	10.8	35	38,122	1.4
D6E - IRRITABLE BOWEL SYND. AGENT,5	88	88	0.0	0	0.0	3	3.4	9	17,976	0.4
D6F - DRUG TX-CHRONIC INFLAM. COLON	38	38	0.0	0	0.0	12	31.5	2	7,314	0.5
D6S - LAXATIVES AND CATHARTICS	6,771	6,771	0.0	0	0.0	520	7.6	224	395,499	1.7
D7A - BILE SALTS	11	11	0.0	0	0.0	2	18.1	0	2,403	0.4
D7L - BILE SALT SEQUESTRANTS	61	61	0.0	0	0.0	1	1.6	9	9,317	0.6
D8A - PANCREATIC ENZYMES	240	240	0.0	0	0.0	24	10.0	37	7,523	3.1
D9A - AMMONIA INHIBITORS	42	42	0.0	0	0.0	4	9.5	7	8,374	0.5
F2A - DRUGS TO TREAT IMPOTENCY	1	1	0.0	0	0.0	0	0.0	0	4,140	0.0
G1A - ESTROGENIC AGENTS	209	209	0.0	0	0.0	22	10.5	24	74,376	0.2
G1B - ESTROGEN/ANDROGEN COMBINATION	1	1	0.0	0	0.0	0	0.0	0	1,006	0.0
G2A - PROGESTATIONAL AGENTS	155	155	0.0	0	0.0	10	6.4	14	10,022	1.5
G8A - CONTRACEPTIVES,ORAL	147	147	0.0	0	0.0	9	6.1	8	77,766	0.1
G8C - CONTRACEPTIVES,INJECTABLE	318	318	0.0	0	0.0	16	5.0	56	12,979	2.4
G8F - CONTRACEPTIVES,TRANSDERMAL	99	99	0.0	0	0.0	8	8.0	7	23,335	0.4
H0A - LOCAL ANESTHETICS	24	24	0.0	0	0.0	0	0.0	1	11,237	0.2
H0E - AGENTS TO TREAT MULTIPLE SCLE	19	19	0.0	0	0.0	2	10.5	5	10,468	0.1
H2A - CENTRAL NERVOUS SYSTEM STIMUL	8	8	0.0	0	0.0	4	50.0	0	814	0.9
H2C - GENERAL ANESTHETICS,INJECTABL	16	16	0.0	0	0.0	0	0.0	0	159	10.0
H2D - BARBITURATES	51	51	0.0	0	0.0	4	7.8	4	32,688	0.1
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	8,841	8,841	0.0	0	0.0	1,179	13.3	519	146,247	6.0
H2F - ANTI-ANXIETY DRUGS	8,178	8,178	0.0	0	0.0	688	8.4	421	438,726	1.8
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	172	172	0.0	0	0.0	48	27.9	11	35,305	0.4
H2S - SELECTIVE SEROTONIN REUPTAKE	89,933	89,933	0.0	0	0.0	34,715	38.6	2,723	1	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	28,633	28,633	0.0	0	0.0	5,697	19.8	970	116,871	24.4
H2V - TX FOR ATTENTION DEFICIT-HYPE	301	301	0.0	0	0.0	18	5.9	24	124,550	0.2
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	496	496	0.0	0	0.0	40	8.0	28	2,087	23.7
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	301	301	0.0	0	0.0	23	7.6	14	802	37.5
H3A - ANALGESICS,NARCOTICS	65,468	65,468	0.0	0	0.0	50,707	77.4	1,997	1,509,899	4.3
H3D - ANALGESIC/ANTIPYRETICS, SALIC	251	251	0.0	0	0.0	37	14.7	28	194,495	0.1
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	14,235	14,235	0.0	0	0.0	1,813	12.7	572	197,096	7.2
H3F - ANTIMIGRAINE PREPARATIONS	588	588	0.0	0	0.0	344	58.5	43	48,260	1.2
H3H - ANALGESICS NARCOTIC, ANESTHET	1	1	0.0	0	0.0	0	0.0	1	9	11.1
H3N - ANALGESICS, NARCOTIC AGONIST	1,142	1,142	0.0	0	0.0	335	29.3	97	7,312	15.6
H4B - ANTICONVULSANTS	446	446	0.0	0	0.0	31	6.9	61	845,043	0.0
H6A - ANTIPARKINSONISM DRUGS,OTHER	2,119	2,119	0.0	0	0.0	119	5.6	101	61,935	3.4
H6C - ANTITUSSIVES,NON-NARCOTIC	451	451	0.0	0	0.0	63	13.9	20	16,310	2.7
H6H - SKELETAL MUSCLE RELAXANTS	43	43	0.0	0	0.0	10	23.2	4	227,330	0.0
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	4,893	4,893	0.0	0	0.0	377	7.7	290	82,921	5.9
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	21,646	21,646	0.0	0	0.0	3,983	18.4	746	91,778	23.5
H7C - SEROTONIN-NOREPINEPHRINE REUP	31,479	31,479	0.0	0	0.0	15,277	48.5	1,125	154,522	20.3
H7D - NOREPINEPHRINE AND DOPAMINE R	25,352	25,352	0.0	0	0.0	4,843	19.1	1,084	99,399	25.5
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	38,564	38,564	0.0	0	0.0	4,074	10.5	1,534	114,844	33.5
H7J - MAOIS - NON-SELECTIVE & IRREV	1	1	0.0	0	0.0	1	0.0	0	229	0.4
H7N - SMOKING DETERRENTS, OTHER	128	128	0.0	0	0.0	11	8.5	24	1,008	12.6
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	450	450	0.0	0	0.0	86	19.1	23	1	0.0
H7Y - TX FOR ATTENTION DEFICIT-HYPE	4,832	4,832	0.0	0	0.0	169	3.4	268	55,994	8.6
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	1,123	1,123	0.0	0	0.0	119	10.5	119	4,989	22.5
H8A - ANTI-ANXIETY (ANXIOLYTIC) AND	83	83	0.0	0	0.0	8	9.6	21	326	25.4

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J2A -	BELLADONNA ALKALOIDS	280	280	0.0	0	0.0	7	2.5	23	16,927	1.6
J2B -	ANTICHOLINERGICS,QUATERNARY A	106	106	0.0	0	0.0	5	4.7	8	5,852	1.8
J2D -	ANTICHOLINERGICS/ANTISPASMODI	758	758	0.0	0	0.0	9	1.1	19	16,765	4.5
J5A -	ADRENERGIC AGENTS,CATECHOLAMI	3	3	0.0	0	0.0	0	0.0	0	127	2.3
J5B -	ADRENERGICS, AROMATIC, NON-CA	5	5	0.0	0	0.0	0	0.0	0	100,713	0.0
J5D -	BETA-ADRENERGIC AGENTS	29,351	29,351	0.0	0	0.0	1,183	4.0	1,618	374,917	7.8
J5E -	SYMPATHOMIMETIC AGENTS	186	186	0.0	0	0.0	16	8.6	35	11,270	1.6
J5F -	ANAPHYLAXIS THERAPY AGENTS	1	1	0.0	0	0.0	0	0.0	0	3,565	0.0
J5G -	BETA-ADRENERGICS AND GLUCOCOR	20,541	20,541	0.0	0	0.0	1,089	5.3	820	80,267	25.5
J5H -	ADRENERGIC VASOPRESSOR AGENTS	48	48	0.0	0	0.0	2	4.1	6	2,443	1.9
J7B -	ALPHA-ADRENERGIC BLOCKING AGE	570	570	0.0	0	0.0	32	5.6	16	25,041	2.2
J7C -	BETA-ADRENERGIC BLOCKING AGEN	242	242	0.0	0	0.0	11	4.5	20	341,529	0.0
L0B -	TOPICAL/MUCOUS MEMBR./SUBCUT.	854	854	0.0	0	0.0	5	0.5	15	56,860	1.5
L1B -	ACNE AGENTS,SYSTEMIC	15	15	0.0	0	0.0	1	6.6	1	560	2.6
L2A -	EMOLLIENTS	143	143	0.0	0	0.0	14	9.7	25	20,390	0.7
L3A -	PROTECTIVES	11	11	0.0	0	0.0	4	36.3	0	3,081	0.3
L3P -	ANTIPRURITICS,TOPICAL	1	1	0.0	0	0.0	0	0.0	0	1,214	0.0
L4A -	ASTRINGENTS	1	1	0.0	0	0.0	0	0.0	0	114	0.8
L5A -	KERATOLYTICS	250	250	0.0	0	0.0	7	2.8	27	6,984	3.5
L5E -	ANTISEBORRHEIC AGENTS	3	3	0.0	0	0.0	0	0.0	0	7,688	0.0
L5F -	ANTIPSORIATICS AGENTS	60	60	0.0	0	0.0	4	6.6	7	3,027	1.9
L5G -	ROSACEA AGENTS, TOPICAL	1	1	0.0	0	0.0	0	0.0	0	3,228	0.0
L5H -	ACNE AGENTS,TOPICAL	142	142	0.0	0	0.0	2	1.4	11	4,441	3.1
L6A -	IRRITANTS/COUNTER-IRRITANTS	40	40	0.0	0	0.0	0	0.0	2	3,882	1.0
L9A -	TOPICAL AGENTS,MISCELLANEOUS	25	25	0.0	0	0.0	0	0.0	5	2,204	1.1
L9B -	VITAMIN A DERIVATIVES	1	1	0.0	0	0.0	0	0.0	0	6,469	0.0
L9C -	HYPOPIGMENTATION AGENTS	11	11	0.0	0	0.0	0	0.0	1	430	2.5
M4B -	IV FAT EMULSIONS	1	1	0.0	0	0.0	1	0.0	0	118	0.8
M4E -	LIPOTROPICS	495	495	0.0	0	0.0	251	50.7	19	504,607	0.0
M4G -	HYPERGLYCEMICS	10	10	0.0	0	0.0	0	0.0	1	6,895	0.1
M4I -	ANTIHYPERLIP(HMGCOA) & CALCIU	640	640	0.0	0	0.0	29	4.5	65	3,763	17.0
M9K -	HEPARIN AND RELATED PREPARATI	123	123	0.0	0	0.0	0	0.0	2	23,671	0.5
M9P -	PLATELET AGGREGATION INHIBITO	470	470	0.0	0	0.0	1	0.2	24	136,143	0.3
P1M -	LHRH(GNRH) AGONIST ANALOG PIT	1	1	0.0	0	0.0	0	0.0	1	803	0.1
P2B -	ANTIDIURETIC AND VASOPRESSOR	5	5	0.0	0	0.0	0	0.0	1	16,526	0.0
P4D -	HYPERPARATHYROID TX AGENTS -	22	22	0.0	0	0.0	2	9.0	5	687	3.2
P4L -	BONE RESORPTION INHIBITORS	72	72	0.0	0	0.0	2	2.7	6	138,067	0.0
P4M -	CALCIMIMETIC,PARATHYROID CALC	360	360	0.0	0	0.0	12	3.3	34	4,996	7.2
P4N -	BONE RESORPTION INHIBITOR & V	63	63	0.0	0	0.0	0	0.0	7	277	22.7
P5A -	GLUCOCORTICOIDS	14,317	14,317	0.0	0	0.0	473	3.3	994	205,472	6.9
Q3A -	RECTAL PREPARATIONS	635	635	0.0	0	0.0	15	2.3	58	9,026	7.0
Q3B -	RECTAL/LOWER BOWEL PREP.,GLUC	15	15	0.0	0	0.0	0	0.0	4	94	15.9
Q3D -	HEMORRHOIDAL PREPARATIONS	307	307	0.0	0	0.0	4	1.3	29	2,212	13.8
Q3E -	CHRONIC INFLAM. COLON DX, 5-A	71	71	0.0	0	0.0	11	15.4	16	499	14.2
Q3H -	HEMORRHOIDALS, LOCAL RECTAL A	23	23	0.0	0	0.0	2	8.6	5	410	5.6
Q3S -	LAXATIVES, LOCAL/RECTAL	8,955	8,955	0.0	0	0.0	330	3.6	268	27,946	32.0
Q4A -	VAGINAL PREPARATIONS	1	1	0.0	0	0.0	0	0.0	0	123	0.8
Q4F -	VAGINAL ANTIFUNGALS	27	27	0.0	0	0.0	2	7.4	4	9,899	0.2
Q4K -	VAGINAL ESTROGEN PREPARATIONS	29	29	0.0	0	0.0	3	10.3	4	5,504	0.5
Q5A -	TOPICAL PREPARATIONS,MISCELLA	6	6	0.0	0	0.0	3	50.0	1	1,237	0.4
Q5B -	TOPICAL PREPARATIONS,ANTIBACT	3	3	0.0	0	0.0	0	0.0	0	2,255	0.1
Q5F -	TOPICAL ANTIFUNGALS	2,819	2,819	0.0	0	0.0	91	3.2	228	112,361	2.5
Q5H -	TOPICAL LOCAL ANESTHETICS	270	270	0.0	0	0.0	24	8.8	32	25,849	1.0
Q5K -	TOPICAL IMMUNOSUPPRESSIVE AGE	89	89	0.0	0	0.0	3	3.3	10	15,822	0.5
Q5P -	TOPICAL ANTI-INFLAMMATORY STE	5,682	5,682	0.0	0	0.0	268	4.7	642	1	0.0
Q5R -	TOPICAL ANTIPARASITICS	140	140	0.0	0	0.0	6	4.2	20	26,813	0.5

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	THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
Q5S -	TOPICAL SULFONAMIDES	32	32	0.0	0	0.0	5	15.6	6	12,157	0.2
Q5V -	TOPICAL ANTIVIRALS	18	18	0.0	0	0.0	0	0.0	0	5,251	0.3
Q5W -	TOPICAL ANTIBIOTICS	1,079	1,079	0.0	0	0.0	47	4.3	72	72,740	1.4
Q5X -	TOPICAL ANTIBIOTICS/ANTIINFLA	5	5	0.0	0	0.0	0	0.0	0	214	2.3
Q6A -	OPHTHALMIC PREPARATIONS, MISC	5	5	0.0	0	0.0	0	0.0	3	580	0.8
Q6C -	EYE VASOCONSTRICTORS (RX ONLY	1	1	0.0	0	0.0	0	0.0	0	162	0.6
Q6D -	EYE VASOCONSTRICTORS (OTC ONL	6	6	0.0	0	0.0	1	16.6	2	495	1.2
Q6G -	MIOTICS/OTHER INTRAOC. PRESSU	392	392	0.0	0	0.0	51	13.0	33	73,374	0.5
Q6I -	EYE ANTIBIOTIC-CORTICOID COMB	125	125	0.0	0	0.0	6	4.8	11	7,481	1.6
Q6J -	MYDRIATICS	22	22	0.0	0	0.0	6	27.2	0	2,760	0.7
Q6P -	EYE ANTIINFLAMMATORY AGENTS	142	142	0.0	0	0.0	6	4.2	15	14,084	1.0
Q6R -	EYE ANTIHISTAMINES	43	43	0.0	0	0.0	3	6.9	12	11,447	0.3
Q6S -	EYE SULFONAMIDES	46	46	0.0	0	0.0	1	2.1	7	9,262	0.4
Q6T -	ARTIFICIAL TEARS	488	488	0.0	0	0.0	9	1.8	55	32,082	1.5
Q6U -	OPHTHALMIC MAST CELL STABILIZ	4	4	0.0	0	0.0	1	25.0	0	2,375	0.1
Q6W -	OPHTHALMIC ANTIBIOTICS	184	184	0.0	0	0.0	9	4.8	21	47,502	0.3
Q6Y -	EYE PREPARATIONS, MISCELLANEO	20	20	0.0	0	0.0	0	0.0	2	4,690	0.4
Q7A -	NOSE PREPARATIONS, MISCELLANE	278	278	0.0	0	0.0	11	3.9	23	2,088	13.3
Q7E -	NASAL ANTIHISTAMINE	1,491	1,491	0.0	0	0.0	40	2.6	96	5,109	29.1
Q7H -	NASAL MAST CELL STABILIZERS A	6	6	0.0	0	0.0	3	50.0	3	101	5.9
Q7P -	NASAL ANTI-INFLAMMATORY STERO	10,771	10,771	0.0	0	0.0	322	2.9	652	95,958	11.2
Q7Y -	NOSE PREPARATIONS, MISCELLANE	15	15	0.0	0	0.0	0	0.0	3	5,129	0.2
Q8B -	EAR PREPARATIONS, MISC. ANTI-	29	29	0.0	0	0.0	0	0.0	1	2,127	1.3
Q8F -	OTIC PREPARATIONS,ANTI-INFLAM	134	134	0.0	0	0.0	8	5.9	5	9,860	1.3
Q8H -	EAR PREPARATIONS,LOCAL ANESTH	3	3	0.0	0	0.0	0	0.0	0	8,256	0.0
Q8W -	EAR PREPARATIONS,ANTIBIOTICS	113	113	0.0	0	0.0	4	3.5	16	18,583	0.6
Q9B -	BENIGN PROSTATIC HYPERTROPHY/	680	680	0.0	0	0.0	23	3.3	14	35,277	1.9
R1A -	URINARY TRACT ANTISPASMODIC/A	3,608	3,608	0.0	0	0.0	141	3.9	214	1	0.0
R1F -	THIAZIDE AND RELATED DIURETIC	1,879	1,879	0.0	0	0.0	60	3.1	67	107,970	1.7
R1H -	POTASSIUM SPARING DIURETICS	303	303	0.0	0	0.0	8	2.6	10	49,129	0.6
R1I -	URINARY TRACT ANTISPASMODIC,	242	242	0.0	0	0.0	10	4.1	23	2,243	10.7
R1L -	POTASSIUM SPARING DIURETICS I	1,702	1,702	0.0	0	0.0	322	18.9	79	58,894	2.8
R1R -	URICOSURIC AGENTS	2	2	0.0	0	0.0	0	0.0	1	854	0.2
R1S -	URINARY PH MODIFIERS	32	32	0.0	0	0.0	0	0.0	2	2,969	1.0
R4A -	KIDNEY STONE AGENTS	1	1	0.0	0	0.0	0	0.0	0	86	1.1
R5A -	URINARY TRACT ANESTHETIC/ANAL	3	3	0.0	0	0.0	0	0.0	2	8,743	0.0
S2A -	COLCHICINE	1	1	0.0	0	0.0	0	0.0	0	6,254	0.0
S2B -	NSAIDS, CYCLOOXYGENASE INHIBI	1,151	1,151	0.0	0	0.0	880	76.4	26	396,253	0.2
S2P -	NSAID, COX INHIBITOR-TYPE & P	18	18	0.0	0	0.0	0	0.0	3	694	2.5
U6E -	OINTMENT/CREAM BASES	3	3	0.0	0	0.0	0	0.0	0	961	0.3
U6F -	HYDROPHILIC CREAM/OINTMENT BA	30	30	0.0	0	0.0	27	90.0	0	2,040	1.4
U6H -	SOLVENTS	356	356	0.0	0	0.0	1	0.2	20	7,098	5.0
U6N -	VEHICLES	1	1	0.0	0	0.0	0	0.0	0	20,178	0.0
U6W -	BULK CHEMICALS	42	42	0.0	0	0.0	1	2.3	3	3,986	1.0
V1B -	ANTIMETABOLITES	3	3	0.0	0	0.0	0	0.0	0	12,320	0.0
V1E -	STEROID ANTINEOPLASTICS	9	9	0.0	0	0.0	0	0.0	0	12,064	0.0
V1I -	CHEMOTHERAPY RESCUE/ANTIDOTE	126	126	0.0	0	0.0	7	5.5	11	928	13.5
V1J -	ANTIANDROGENIC AGENTS	18	18	0.0	0	0.0	0	0.0	0	1,068	1.6
V1O -	ANTINEOPLASTIC LHRH(GNRH) AGO	2	2	0.0	0	0.0	0	0.0	1	218	0.9
V1T -	SELECTIVE ESTROGEN RECEPTOR M	11	11	0.0	0	0.0	0	0.0	0	6,485	0.1
W1A -	PENICILLINS	729	729	0.0	0	0.0	624	85.5	26	305,629	0.2
W1C -	TETRACYCLINES	82	82	0.0	0	0.0	30	36.5	5	43,557	0.1
W1D -	MACROLIDES	8	8	0.0	0	0.0	1	12.5	0	177,163	0.0
W1F -	AMINOGLYCOSIDES	63	63	0.0	0	0.0	3	4.7	6	5,617	1.1
W1G -	ANTITUBERCULAR ANTIBIOTICS	1	1	0.0	0	0.0	0	0.0	0	1,429	0.0
W1J -	VANCOMYCIN AND DERIVATIVES	79	79	0.0	0	0.0	6	7.5	3	6,293	1.2

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THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
W1K - LINCOSAMIDES	17	17	0.0	0	0.0	3	17.6	1	14,134	0.1
W1P - BETALACTAMS	18	18	0.0	0	0.0	0	0.0	0	254	7.0
W1Q - QUINOLONES	63	63	0.0	0	0.0	20	31.7	2	149,614	0.0
W1S - CARBAPENEMS (THIENAMYCINS)	52	52	0.0	0	0.0	20	38.4	0	1,245	4.1
W1W - CEPHALOSPORINS - 1ST GENERATI	3	3	0.0	0	0.0	0	0.0	0	108,669	0.0
W1X - CEPHALOSPORINS - 2ND GENERATI	1	1	0.0	0	0.0	0	0.0	0	27,506	0.0
W1Y - CEPHALOSPORINS - 3RD GENERATI	73	73	0.0	0	0.0	8	10.9	3	54,203	0.1
W1Z - CEPHALOSPORINS - 4TH GENERATI	23	23	0.0	0	0.0	2	8.6	0	645	3.5
W2A - ABSORBABLE SULFONAMIDES	459	459	0.0	0	0.0	373	81.2	10	73,206	0.6
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	143	143	0.0	0	0.0	25	17.4	10	3,665	3.9
W3A - ANTIFUNGAL ANTIBIOTICS	185	185	0.0	0	0.0	64	34.5	13	26,277	0.7
W3B - ANTIFUNGAL AGENTS	26	26	0.0	0	0.0	3	11.5	2	56,696	0.0
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	27	27	0.0	0	0.0	7	25.9	2	26,886	0.1
W4P - ANTILEPROTICS	6	6	0.0	0	0.0	1	16.6	0	1,545	0.3
W5A - ANTIVIRALS, GENERAL	12	12	0.0	0	0.0	0	0.0	2	27,001	0.0
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	74	74	0.0	0	0.0	6	8.1	12	6,098	1.2
W5F - HEPATITIS B TREATMENT AGENTS	14	14	0.0	0	0.0	1	7.1	2	442	3.1
W5G - HEPATITIS C TREATMENT AGENTS	71	71	0.0	0	0.0	1	1.4	28	5,034	1.4
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	27	27	0.0	0	0.0	0	0.0	3	2,530	1.0
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	197	197	0.0	0	0.0	2	1.0	12	8,053	2.4
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	96	96	0.0	0	0.0	1	1.0	5	4,334	2.2
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	73	73	0.0	0	0.0	1	1.3	8	2,778	2.6
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS	178	178	0.0	0	0.0	4	2.2	19	1,973	9.0
Z2A - ANTIHISTAMINES	11,520	11,520	0.0	0	0.0	775	6.7	725	478,627	2.4
Z2E - IMMUNOSUPPRESSIVES	1	1	0.0	0	0.0	1	0.0	0	30,455	0.0
Z2F - MAST CELL STABILIZERS	11	11	0.0	0	0.0	1	9.0	0	2,442	0.4
Z2N - 1ST GEN ANTIHISTAMINE & DECON	219	219	0.0	0	0.0	15	6.8	37	2,119	10.3
Z2O - 2ND GEN ANTIHISTAMINE & DECON	20	20	0.0	0	0.0	2	10.0	8	306	6.5
Z2P - ANTIHISTAMINES - 1ST GENERATI	24	24	0.0	0	0.0	2	8.3	4	145	16.5
Z2Q - ANTIHISTAMINES - 2ND GENERATI	480	480	0.0	0	0.0	29	6.0	115	6,670	7.1
ID - INGREDIENT DUPLICATION	**562,909**	**562,909**	**0.0**	**0**	**0.0**	**141,362**	**25.1**	**27,127**	**14,331,049**	**3.9**

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THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A1A - DIGITALIS GLYCOSIDES	522	522	0.0	0	0.0	45	8.6	25	85,864	0.6
A1B - XANTHINES	1,103	1,103	0.0	0	0.0	12	1.0	75	24,186	4.5
A1D - GENERAL BRONCHODILATOR AGENTS	72	72	0.0	0	0.0	2	2.7	19	66,649	0.1
A2A - ANTIARRHYTHMICS	535	535	0.0	0	0.0	36	6.7	49	24,835	2.1
A4A - HYPOTENSIVES,VASODILATORS	148	148	0.0	0	0.0	12	8.1	13	14,725	1.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	2,623	2,623	0.0	0	0.0	161	6.1	121	97,481	2.6
A4D - HYPOTENSIVES, ACE INHIBITORS	767	767	0.0	0	0.0	30	3.9	46	396,286	0.1
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	235	235	0.0	0	0.0	5	2.1	30	129,026	0.1
A4K - ACE INHIBITOR/CALCIUM CHANNEL	67	67	0.0	0	0.0	0	0.0	7	36,773	0.1
A4Y - HYPOTENSIVES,MISCELLANEOUS	86	86	0.0	0	0.0	2	2.3	9	13,567	0.6
A7B - VASODILATORS,CORONARY	1,409	1,409	0.0	0	0.0	114	8.0	82	149,452	0.9
A7C - VASODILATORS,PERIPHERAL	10	10	0.0	0	0.0	0	0.0	1	577	1.7
A7J - VASODILATORS, COMBINATION	3	3	0.0	0	0.0	0	0.0	0	50	6.0
A9A - CALCIUM CHANNEL BLOCKING AGEN	1,322	1,322	0.0	0	0.0	78	5.9	111	277,409	0.4
B1D - PULM.ANTI-HTN,SEL.C-GMP PHOSP	2	2	0.0	0	0.0	0	0.0	1	16	12.5
B3A - MUCOLYTICS	4	4	0.0	0	0.0	0	0.0	3	3,153	0.1
B3J - EXPECTORANTS	93	93	0.0	0	0.0	1	1.0	13	142,574	0.0
B3K - COUGH AND/OR COLD PREPARATION	61	61	0.0	0	0.0	4	6.5	18	171,838	0.0
B3R - NON-NARC ANTITUSS-1ST GEN. AN	1	1	0.0	0	0.0	0	0.0	1	3,667	0.0
B3T - NON-NARCOTIC ANTITUSSIVE AND	1	1	0.0	0	0.0	0	0.0	1	1,511	0.0
B4W - DECONGESTANT-EXPECTORANT COMB	1	1	0.0	0	0.0	0	0.0	0	394	0.2
C0B - WATER	2	2	0.0	0	0.0	0	0.0	0	3,089	0.0
C0D - ANTI-ALCOHOLIC PREPARATIONS	16	16	0.0	0	0.0	1	6.2	4	1,691	0.9
C0K - BICARBONATE PRODUCING/CONTAIN	2	2	0.0	0	0.0	0	0.0	0	970	0.2
C1A - ELECTROLYTE DEPLETERS	466	466	0.0	0	0.0	12	2.5	70	28,465	1.6
C1B - SODIUM/SALINE PREPARATIONS	18	18	0.0	0	0.0	0	0.0	1	17,241	0.1
C1D - POTASSIUM REPLACEMENT	499	499	0.0	0	0.0	6	1.2	17	227,510	0.2
C1F - CALCIUM REPLACEMENT	1,043	1,043	0.0	0	0.0	4	0.3	16	156,962	0.6
C1H - MAGNESIUM SALTS REPLACEMENT	4	4	0.0	0	0.0	1	25.0	1	10,372	0.0
C3B - IRON REPLACEMENT	116	116	0.0	0	0.0	0	0.0	7	111,807	0.1
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	953	953	0.0	0	0.0	19	1.9	60	164,586	0.5
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	5,087	5,087	0.0	0	0.0	96	1.8	233	120,156	4.2
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	106	106	0.0	0	0.0	2	1.8	9	2,432	4.3
C4N - HYPOGLYCEMICS, INSULIN-RESPON	898	898	0.0	0	0.0	12	1.3	75	100,226	0.8
C5J - IV SOLUTIONS: DEXTROSE-WATER	3	3	0.0	0	0.0	0	0.0	0	2,688	0.1
C6B - VITAMIN B PREPARATIONS	5	5	0.0	0	0.0	0	0.0	1	32,587	0.0
C6D - VITAMIN D PREPARATIONS	316	316	0.0	0	0.0	16	5.0	26	6,671	4.7
C6F - PRENATAL VITAMIN PREPARATIONS	306	306	0.0	0	0.0	12	3.9	32	60,040	0.5
C6K - VITAMIN K PREPARATIONS	34	34	0.0	0	0.0	1	2.9	3	1,782	1.9
C6L - VITAMIN B12 PREPARATIONS	447	447	0.0	0	0.0	6	1.3	13	19,897	2.2
C6M - FOLIC ACID PREPARATIONS	87	87	0.0	0	0.0	2	2.2	5	45,818	0.1
C6N - NIACIN PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	2,312	0.0
C6Z - MULTIVITAMIN PREPARATIONS	39	39	0.0	0	0.0	0	0.0	4	245,013	0.0
C7A - HYPERURICEMIA TX - PURINE INH	122	122	0.0	0	0.0	0	0.0	2	29,975	0.4
C7D - METABOLIC DEFICIENCY AGENTS	6	6	0.0	0	0.0	0	0.0	0	2,823	0.2
D1D - DENTAL AIDS AND PREPARATIONS	19	19	0.0	0	0.0	0	0.0	4	17,393	0.1
D4B - ANTACIDS	18	18	0.0	0	0.0	3	16.6	4	38,056	0.0
D4E - ANTI-ULCER PREPARATIONS	245	245	0.0	0	0.0	7	2.8	33	16,973	1.4
D4F - ANTI-ULCER-H.PYLORI AGENTS	3	3	0.0	0	0.0	1	33.3	2	1,761	0.1
D4K - GASTRIC ACID SECRETION REDUCE	713	713	0.0	0	0.0	16	2.2	97	712,286	0.1
D6C - IRRITABLE BOWEL SYND. AGENT,5	51	51	0.0	0	0.0	1	1.9	10	250	20.4
D6D - ANTIDIARRHEALS	70	70	0.0	0	0.0	2	2.8	12	38,122	0.1
D6E - IRRITABLE BOWEL SYND. AGENT,5	1,438	1,438	0.0	0	0.0	23	1.5	129	17,976	7.9
D6F - DRUG TX-CHRONIC INFLAM. COLON	527	527	0.0	0	0.0	10	1.8	35	7,314	7.2
D6S - LAXATIVES AND CATHARTICS	1,578	1,578	0.0	0	0.0	20	1.2	83	395,499	0.3
D7L - BILE SALT SEQUESTRANTS	51	51	0.0	0	0.0	2	3.9	2	9,317	0.5

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D8A - PANCREATIC ENZYMES	84	84	0.0	0	0.0	3	3.5	13	7,523	1.1
D9A - AMMONIA INHIBITORS	27	27	0.0	0	0.0	1	3.7	7	8,374	0.3
F1A - ANDROGENIC AGENTS	26	26	0.0	0	0.0	2	7.6	9	4,945	0.5
G1A - ESTROGENIC AGENTS	877	877	0.0	0	0.0	13	1.4	88	74,376	1.1
G2A - PROGESTATIONAL AGENTS	549	549	0.0	0	0.0	17	3.0	30	10,022	5.4
G3A - OXYTOCICS	2	2	0.0	0	0.0	0	0.0	1	610	0.3
G8A - CONTRACEPTIVES,ORAL	317	317	0.0	0	0.0	10	3.1	36	77,766	0.4
G8C - CONTRACEPTIVES,INJECTABLE	9	9	0.0	0	0.0	0	0.0	0	12,979	0.0
G8F - CONTRACEPTIVES,TRANSDERMAL	433	433	0.0	0	0.0	23	5.3	43	23,335	1.8
G9B - CONTRACEPTIVES, INTRAVAGINAL,	197	197	0.0	0	0.0	15	7.6	12	2,357	8.3
H0A - LOCAL ANESTHETICS	201	201	0.0	0	0.0	12	5.9	29	11,237	1.7
H0E - AGENTS TO TREAT MULTIPLE SCLE	102	102	0.0	0	0.0	8	7.8	20	10,468	0.9
H1A - ALZHEIMER'S THERAPY, NMDA REC	2	2	0.0	0	0.0	0	0.0	1	32,481	0.0
H2A - CENTRAL NERVOUS SYSTEM STIMUL	3	3	0.0	0	0.0	1	33.3	2	814	0.3
H2D - BARBITURATES	105	105	0.0	0	0.0	1	0.9	4	32,688	0.3
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	1,028	1,028	0.0	0	0.0	39	3.7	94	146,247	0.7
H2F - ANTI-ANXIETY DRUGS	2,011	2,011	0.0	0	0.0	61	3.0	163	438,726	0.4
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	424	424	0.0	0	0.0	74	17.4	21	35,305	1.2
H2M - ANTI-MANIA DRUGS	2,801	2,801	0.0	0	0.0	52	1.8	190	40,116	6.9
H2S - SELECTIVE SEROTONIN REUPTAKE	3,512	3,512	0.0	0	0.0	258	7.3	278	1	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	1,765	1,765	0.0	0	0.0	83	4.7	72	116,871	1.5
H2V - TX FOR ATTENTION DEFICIT-HYPE	1,535	1,535	0.0	0	0.0	49	3.1	142	124,550	1.2
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	15	15	0.0	0	0.0	1	6.6	1	2,087	0.7
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	111	111	0.0	0	0.0	8	7.2	9	802	13.8
H3A - ANALGESICS,NARCOTICS	1,354	1,354	0.0	0	0.0	569	42.0	131	1,509,899	0.0
H3D - ANALGESIC/ANTIPYRETICS, SALIC	483	483	0.0	0	0.0	16	3.3	39	194,495	0.2
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	99	99	0.0	0	0.0	6	6.0	15	197,096	0.0
H3F - ANTIMIGRAINE PREPARATIONS	6,379	6,379	0.0	0	0.0	345	5.4	660	48,260	13.2
H3N - ANALGESICS, NARCOTIC AGONIST	2	2	0.0	0	0.0	0	0.0	0	7,312	0.0
H3T - NARCOTIC ANTAGONISTS	32	32	0.0	0	0.0	0	0.0	0	2,511	1.2
H4B - ANTICONVULSANTS	59,521	59,521	0.0	0	0.0	879	1.4	3,135	845,043	7.0
H6A - ANTIPARKINSONISM DRUGS,OTHER	3,971	3,971	0.0	0	0.0	133	3.3	292	61,935	6.4
H6B - ANTIPARKINSONISM DRUGS,ANTICH	236	236	0.0	0	0.0	4	1.6	14	61,731	0.3
H6C - ANTITUSSIVES,NON-NARCOTIC	1	1	0.0	0	0.0	0	0.0	1	16,310	0.0
H6H - SKELETAL MUSCLE RELAXANTS	21,935	21,935	0.0	0	0.0	1,877	8.5	923	227,330	9.6
H6I - AMYOTROPHIC LATERAL SCLEROSIS	8	8	0.0	0	0.0	0	0.0	0	248	3.2
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	2,616	2,616	0.0	0	0.0	148	5.6	415	82,921	3.1
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	518	518	0.0	0	0.0	18	3.4	33	91,778	0.5
H7C - SEROTONIN-NOREPINEPHRINE REUP	3,916	3,916	0.0	0	0.0	381	9.7	320	154,522	2.5
H7D - NOREPINEPHRINE AND DOPAMINE R	2,062	2,062	0.0	0	0.0	149	7.2	127	99,399	2.0
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	2,102	2,102	0.0	0	0.0	102	4.8	111	114,844	1.8
H7J - MAOIS - NON-SELECTIVE & IRREV	2	2	0.0	0	0.0	0	0.0	0	229	0.8
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	445	445	0.0	0	0.0	53	11.9	49	30,172	1.4
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	1,324	1,324	0.0	0	0.0	180	13.5	61	5,285	25.0
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	135	135	0.0	0	0.0	29	21.4	6	741	18.2
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	31,420	31,420	0.0	0	0.0	9,129	29.0	972	1	0.0
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	393	393	0.0	0	0.0	78	19.8	39	3,273	12.0
H7W - ANTI-NARCOLEPSY & ANTI-CATAPL	4	4	0.0	0	0.0	0	0.0	2	314	1.2
H7X - ANTIPSYCHOTICS, ATYP, D2 PART	345	345	0.0	0	0.0	7	2.0	19	68,875	0.5
H7Y - TX FOR ATTENTION DEFICIT-HYPE	11	11	0.0	0	0.0	0	0.0	0	55,994	0.0
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	2	2	0.0	0	0.0	0	0.0	1	4,989	0.0
H8A - ANTI-ANXIETY (ANXIOLYTIC) AND	56	56	0.0	0	0.0	5	8.9	9	326	17.1
J1A - PARASYMPATHETIC AGENTS	356	356	0.0	0	0.0	3	0.8	29	4,366	8.1
J1B - CHOLINESTERASE INHIBITORS	183	183	0.0	0	0.0	2	1.0	23	106,827	0.1
J2A - BELLADONNA ALKALOIDS	2	2	0.0	0	0.0	0	0.0	0	16,927	0.0
J2B - ANTICHOLINERGICS,QUATERNARY A	166	166	0.0	0	0.0	3	1.8	8	5,852	2.8

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J2D - ANTICHOLINERGICS/ANTISPASMODI	9	9	0.0	0	0.0	0	0.0	1	16,765	0.0
J3A - SMOKING DETERRENT AGENTS (GAN	103	103	0.0	0	0.0	2	1.9	48	16,787	0.6
J5A - ADRENERGIC AGENTS,CATECHOLAMI	1	1	0.0	0	0.0	0	0.0	0	127	0.7
J5B - ADRENERGICS, AROMATIC, NON-CA	33	33	0.0	0	0.0	3	9.0	8	100,713	0.0
J5D - BETA-ADRENERGIC AGENTS	436	436	0.0	0	0.0	19	4.3	80	374,917	0.1
J5E - SYMPATHOMIMETIC AGENTS	11	11	0.0	0	0.0	0	0.0	1	11,270	0.0
J5F - ANAPHYLAXIS THERAPY AGENTS	19	19	0.0	0	0.0	0	0.0	3	3,565	0.5
J5G - BETA-ADRENERGICS AND GLUCOCOR	230	230	0.0	0	0.0	7	3.0	42	80,267	0.2
J5H - ADRENERGIC VASOPRESSOR AGENTS	291	291	0.0	0	0.0	3	1.0	25	2,443	11.9
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN	1,031	1,031	0.0	0	0.0	62	6.0	52	1	0.0
J7B - ALPHA-ADRENERGIC BLOCKING AGE	205	205	0.0	0	0.0	4	1.9	18	25,041	0.8
J7C - BETA-ADRENERGIC BLOCKING AGEN	2,119	2,119	0.0	0	0.0	103	4.8	114	341,529	0.6
J9A - INTESTINAL MOTILITY STIMULANT	7,626	7,626	0.0	0	0.0	1,084	14.2	273	65,890	11.5
L3A - PROTECTIVES	8	8	0.0	0	0.0	0	0.0	0	3,081	0.2
L4A - ASTRINGENTS	5	5	0.0	0	0.0	0	0.0	1	114	4.3
M4E - LIPOTROPICS	2,145	2,145	0.0	0	0.0	341	15.8	91	504,607	0.4
M9F - THROMBOLYTIC ENZYMES	1	1	0.0	0	0.0	0	0.0	1	204	0.4
M9K - HEPARIN AND RELATED PREPARATI	43	43	0.0	0	0.0	0	0.0	6	23,671	0.1
M9L - ORAL ANTICOAGULANTS,COUMARIN	3,490	3,490	0.0	0	0.0	34	0.9	157	154,546	2.2
M9P - PLATELET AGGREGATION INHIBITO	762	762	0.0	0	0.0	17	2.2	61	136,143	0.5
M9S - HEMORRHEOLOGIC AGENTS	116	116	0.0	0	0.0	12	10.3	4	7,349	1.5
N1B - HEMATINICS,OTHER	111	111	0.0	0	0.0	1	0.9	13	14,544	0.7
N1D - PLATELET REDUCING AGENTS	59	59	0.0	0	0.0	0	0.0	6	447	13.1
P1F - PITUITARY SUPPRESSIVE AGENTS	47	47	0.0	0	0.0	2	4.2	2	2,553	1.8
P1M - LHRH(GNRH) AGONIST ANALOG PIT	21	21	0.0	0	0.0	0	0.0	5	803	2.6
P2B - ANTIDIURETIC AND VASOPRESSOR	6	6	0.0	0	0.0	0	0.0	2	16,526	0.0
P3A - THYROID HORMONES	234	234	0.0	0	0.0	6	2.5	29	264,048	0.0
P3L - ANTITHYROID PREPARATIONS	155	155	0.0	0	0.0	8	5.1	6	3,665	4.2
P4L - BONE RESORPTION INHIBITORS	1,987	1,987	0.0	0	0.0	27	1.3	85	138,067	1.4
P4M - CALCIMIMETIC,PARATHYROID CALC	15	15	0.0	0	0.0	3	20.0	3	4,996	0.3
P4N - BONE RESORPTION INHIBITOR & V	68	68	0.0	0	0.0	0	0.0	7	277	24.5
P5A - GLUCOCORTICOIDS	1,590	1,590	0.0	0	0.0	40	2.5	139	205,472	0.7
P5S - MINERALOCORTICOIDS	4	4	0.0	0	0.0	0	0.0	0	5,097	0.0
Q3E - CHRONIC INFLAM. COLON DX, 5-A	64	64	0.0	0	0.0	3	4.6	8	499	12.8
Q3S - LAXATIVES, LOCAL/RECTAL	1,278	1,278	0.0	0	0.0	11	0.8	65	27,946	4.5
Q4F - VAGINAL ANTIFUNGALS	12	12	0.0	0	0.0	0	0.0	4	9,899	0.1
Q4K - VAGINAL ESTROGEN PREPARATIONS	8	8	0.0	0	0.0	1	12.5	0	5,504	0.1
Q4W - VAGINAL ANTIBIOTICS	6	6	0.0	0	0.0	1	16.6	1	6,753	0.0
Q5F - TOPICAL ANTIFUNGALS	1	1	0.0	0	0.0	0	0.0	1	112,361	0.0
Q5H - TOPICAL LOCAL ANESTHETICS	71	71	0.0	0	0.0	3	4.2	6	25,849	0.2
Q5P - TOPICAL ANTI-INFLAMMATORY STE	13	13	0.0	0	0.0	1	7.6	1	1	0.0
Q5R - TOPICAL ANTIPARASITICS	399	399	0.0	0	0.0	10	2.5	55	26,813	1.4
Q5S - TOPICAL SULFONAMIDES	1	1	0.0	0	0.0	0	0.0	0	12,157	0.0
Q6D - EYE VASOCONSTRICTORS (OTC ONL	2	2	0.0	0	0.0	0	0.0	1	495	0.4
Q6G - MIOTICS/OTHER INTRAOC. PRESSU	28	28	0.0	0	0.0	2	7.1	1	73,374	0.0
Q6I - EYE ANTIBIOTIC-CORTICOID COMB	3	3	0.0	0	0.0	0	0.0	1	7,481	0.0
Q6P - EYE ANTIINFLAMMATORY AGENTS	61	61	0.0	0	0.0	1	1.6	6	14,084	0.4
Q6S - EYE SULFONAMIDES	5	5	0.0	0	0.0	0	0.0	2	9,262	0.0
Q6V - EYE ANTIVIRALS	1	1	0.0	0	0.0	0	0.0	0	300	0.3
Q6W - OPHTHALMIC ANTIBIOTICS	55	55	0.0	0	0.0	3	5.4	8	47,502	0.1
Q8B - EAR PREPARATIONS, MISC. ANTI-	35	35	0.0	0	0.0	2	5.7	1	2,127	1.6
Q8H - EAR PREPARATIONS,LOCAL ANESTH	1	1	0.0	0	0.0	0	0.0	0	8,256	0.0
Q8W - EAR PREPARATIONS,ANTIBIOTICS	70	70	0.0	0	0.0	0	0.0	6	18,583	0.3
Q9B - BENIGN PROSTATIC HYPERTROPHY/	48	48	0.0	0	0.0	0	0.0	2	35,277	0.1
R1A - URINARY TRACT ANTISPASMODIC/A	1,561	1,561	0.0	0	0.0	17	1.0	63	1	0.0
R1E - CARBONIC ANHYDRASE INHIBITORS	163	163	0.0	0	0.0	8	4.9	12	4,232	3.8
R1F - THIAZIDE AND RELATED DIURETIC	2,592	2,592	0.0	0	0.0	52	2.0	94	107,970	2.4

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R1H - POTASSIUM SPARING DIURETICS	494	494	0.0	0	0.0	13	2.6	18	49,129	1.0
R1I - URINARY TRACT ANTISPASMODIC,	1	1	0.0	0	0.0	0	0.0	0	2,243	0.0
R1L - POTASSIUM SPARING DIURETICS I	959	959	0.0	0	0.0	11	1.1	42	58,894	1.6
R1M - LOOP DIURETICS	1,973	1,973	0.0	0	0.0	136	6.8	79	345,835	0.5
R1S - URINARY PH MODIFIERS	175	175	0.0	0	0.0	4	2.2	12	2,969	5.8
R5A - URINARY TRACT ANESTHETIC/ANAL	1	1	0.0	0	0.0	0	0.0	0	8,743	0.0
R5B - URINARY TRACT ANALGESIC AGENT	71	71	0.0	0	0.0	3	4.2	6	1,454	4.8
S2A - COLCHICINE	17	17	0.0	0	0.0	0	0.0	1	6,254	0.2
S2B - NSAIDS, CYCLOOXYGENASE INHIBI	1,983	1,983	0.0	0	0.0	143	7.2	109	396,253	0.5
S2C - GOLD SALTS	5	5	0.0	0	0.0	0	0.0	0	93	5.3
S2I - ANTI-INFLAMMATORY, PYRIMIDINE	20	20	0.0	0	0.0	1	5.0	3	2,033	0.9
S2J - ANTI-INFLAMMATORY TUMOR NECRO	338	338	0.0	0	0.0	14	4.1	78	5,430	6.2
S2K - ANTI-ARTHRITIC AND CHELATING	2	2	0.0	0	0.0	0	0.0	0	83	2.4
U6H - SOLVENTS	1	1	0.0	0	0.0	0	0.0	0	7,098	0.0
U6W - BULK CHEMICALS	53	53	0.0	0	0.0	0	0.0	5	3,986	1.3
V1B - ANTIMETABOLITES	38	38	0.0	0	0.0	2	5.2	9	12,320	0.3
V1E - STEROID ANTINEOPLASTICS	125	125	0.0	0	0.0	2	1.6	11	12,064	1.0
V1F - ANTINEOPLASTICS,MISCELLANEOUS	35	35	0.0	0	0.0	1	2.8	6	5,970	0.5
V1J - ANTIANDROGENIC AGENTS	6	6	0.0	0	0.0	0	0.0	0	1,068	0.5
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	1	1	0.0	0	0.0	0	0.0	0	218	0.4
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	55	55	0.0	0	0.0	0	0.0	10	1,340	4.1
V1T - SELECTIVE ESTROGEN RECEPTOR M	23	23	0.0	0	0.0	0	0.0	2	6,485	0.3
W1A - PENICILLINS	5,632	5,632	0.0	0	0.0	272	4.8	637	305,629	1.8
W1C - TETRACYCLINES	682	682	0.0	0	0.0	85	12.4	55	43,557	1.5
W1D - MACROLIDES	2,073	2,073	0.0	0	0.0	87	4.1	240	177,163	1.1
W1F - AMINOGLYCOSIDES	384	384	0.0	0	0.0	13	3.3	34	5,617	6.8
W1G - ANTITUBERCULAR ANTIBIOTICS	79	79	0.0	0	0.0	1	1.2	11	1,429	5.5
W1J - VANCOMYCIN AND DERIVATIVES	71	71	0.0	0	0.0	4	5.6	15	6,293	1.1
W1K - LINCOSAMIDES	1,522	1,522	0.0	0	0.0	48	3.1	119	14,134	10.7
W1N - POLYMYXIN AND DERIVATIVES	11	11	0.0	0	0.0	0	0.0	0	245	4.4
W1O - OXAZOLIDINONES	31	31	0.0	0	0.0	1	3.2	10	2,384	1.3
W1P - BETALACTAMS	2	2	0.0	0	0.0	0	0.0	0	254	0.7
W1Q - QUINOLONES	1,942	1,942	0.0	0	0.0	131	6.7	179	149,614	1.2
W1S - CARBAPENEMS (THIENAMYCINS)	31	31	0.0	0	0.0	2	6.4	2	1,245	2.4
W1W - CEPHALOSPORINS - 1ST GENERATI	1,925	1,925	0.0	0	0.0	220	11.4	143	108,669	1.7
W1X - CEPHALOSPORINS - 2ND GENERATI	635	635	0.0	0	0.0	27	4.2	93	27,506	2.3
W1Y - CEPHALOSPORINS - 3RD GENERATI	218	218	0.0	0	0.0	8	3.6	56	54,203	0.4
W1Z - CEPHALOSPORINS - 4TH GENERATI	1	1	0.0	0	0.0	0	0.0	0	645	0.1
W2A - ABSORBABLE SULFONAMIDES	1,424	1,424	0.0	0	0.0	26	1.8	51	73,206	1.9
W2E - ANTI-MYCOBACTERIUM AGENTS	22	22	0.0	0	0.0	12	54.5	3	1,723	1.2
W2F - NITROFURAN DERIVATIVES	1,366	1,366	0.0	0	0.0	55	4.0	91	38,350	3.5
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	413	413	0.0	0	0.0	22	5.3	27	3,665	11.2
W3A - ANTIFUNGAL ANTIBIOTICS	1,097	1,097	0.0	0	0.0	140	12.7	129	26,277	4.1
W3B - ANTIFUNGAL AGENTS	3,573	3,573	0.0	0	0.0	147	4.1	297	56,696	6.3
W4A - ANTIMALARIAL DRUGS	198	198	0.0	0	0.0	10	5.0	17	31,988	0.6
W4C - AMEBACIDES	3	3	0.0	0	0.0	0	0.0	0	27	11.1
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	510	510	0.0	0	0.0	86	16.8	70	26,886	1.8
W4G - 2ND GEN. ANAEROBIC ANTIPROTOZ	4	4	0.0	0	0.0	0	0.0	1	18	22.2
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	7	7	0.0	0	0.0	0	0.0	0	282	2.4
W4L - ANTHELMINTICS	65	65	0.0	0	0.0	1	1.5	5	2,752	2.3
W4M - ANTIPARASITICS	5	5	0.0	0	0.0	1	20.0	4	155	3.2
W4P - ANTILEPROTICS	43	43	0.0	0	0.0	0	0.0	6	1,545	2.7
W5A - ANTIVIRALS, GENERAL	1,685	1,685	0.0	0	0.0	32	1.8	139	27,001	6.2
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	1,046	1,046	0.0	0	0.0	26	2.4	104	6,098	17.1
W5G - HEPATITIS C TREATMENT AGENTS	27	27	0.0	0	0.0	0	0.0	10	5,034	0.5
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	11	11	0.0	0	0.0	0	0.0	0	2,530	0.4
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	290	290	0.0	0	0.0	6	2.0	22	8,053	3.6

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W5K - ANTIVIRALS, HIV-SPECIFIC, NON	32	32	0.0	0	0.0	5	15.6	9	4,941	0.6
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	38	38	0.0	0	0.0	0	0.0	8	4,334	0.8
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	58	58	0.0	0	0.0	3	5.1	14	2,778	2.0
W5N - ANTIVIRALS, HIV-SPECIFIC, FUS	25	25	0.0	0	0.0	0	0.0	1	332	7.5
W7B - VIRAL/TUMORIGENIC VACCINES	5	5	0.0	0	0.0	0	0.0	1	388	1.2
W7C - INFLUENZA VIRUS VACCINES	39	39	0.0	0	0.0	0	0.0	0	2,175	1.7
W7Q - GRAM NEGATIVE COCCI VACCINES	1	1	0.0	0	0.0	0	0.0	0	51	1.9
W9A - KETOLIDES	27	27	0.0	0	0.0	5	18.5	5	5,399	0.5
W9C - RIFAMYCINS AND RELATED DERIVA	40	40	0.0	0	0.0	0	0.0	7	386	10.3
Z2A - ANTIHISTAMINES	728	728	0.0	0	0.0	10	1.3	82	478,627	0.1
Z2E - IMMUNOSUPPRESSIVES	1,546	1,546	0.0	0	0.0	40	2.5	120	30,455	5.0
Z2F - MAST CELL STABILIZERS	1	1	0.0	0	0.0	0	0.0	1	2,442	0.0
Z2G - IMMUNOMODULATORS	437	437	0.0	0	0.0	25	5.7	41	3,299	13.2
Z2Q - ANTIHISTAMINES - 2ND GENERATI	18	18	0.0	0	0.0	0	0.0	3	6,670	0.2
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	276	276	0.0	0	0.0	4	1.4	24	103,636	0.2
LD - LOW DOSE	**246,704**	**246,704**	**0.0**	**0**	**0.0**	**19,402**	**7.8**	**15,212**	**15,393,577**	**1.6**

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A1A - DIGITALIS GLYCOSIDES	5,572	5,572	0.0	0	0.0	332	5.9	98	85,864	6.4
A1B - XANTHINES	1,398	1,398	0.0	0	0.0	99	7.0	39	24,186	5.7
A1D - GENERAL BRONCHODILATOR AGENTS	11,136	11,136	0.0	0	0.0	1,499	13.4	276	66,649	16.7
A2A - ANTIARRHYTHMICS	1,304	1,304	0.0	0	0.0	29	2.2	43	24,835	5.2
A4A - HYPOTENSIVES,VASODILATORS	1,016	1,016	0.0	0	0.0	59	5.8	35	14,725	6.8
A4B - HYPOTENSIVES,SYMPATHOLYTIC	4,925	4,985	0.0	0	0.0	619	12.4	128	97,481	5.1
A4C - HYPOTENSIVES,GANGLIONIC BLOCK	3	3	0.0	0	0.0	0	0.0	0	51	5.8
A4D - HYPOTENSIVES, ACE INHIBITORS	18,544	18,544	0.0	0	0.0	600	3.2	601	396,286	4.6
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	5,044	5,044	0.0	0	0.0	157	3.1	237	129,026	3.9
A4K - ACE INHIBITOR/CALCIUM CHANNEL	1,801	1,801	0.0	0	0.0	60	3.3	82	36,773	4.8
A4Y - HYPOTENSIVES,MISCELLANEOUS	653	653	0.0	0	0.0	16	2.4	21	13,567	4.8
A7B - VASODILATORS,CORONARY	9,025	9,025	0.0	0	0.0	1,704	18.8	305	149,452	6.0
A7C - VASODILATORS,PERIPHERAL	22	22	0.0	0	0.0	0	0.0	1	577	3.8
A9A - CALCIUM CHANNEL BLOCKING AGEN	12,853	12,853	0.0	0	0.0	870	6.7	341	277,409	4.6
B0A - GENERAL INHALATION AGENTS	322	322	0.0	0	0.0	1	0.3	13	5,285	6.0
B1B - PULMONARY ANTI-HTN, ENDOTHELI	16	16	0.0	0	0.0	1	6.2	1	831	1.9
B1C - PULMONARY ANTIHYPERTENSIVES,	8	8	0.0	0	0.0	0	0.0	0	199	4.0
B3A - MUCOLYTICS	478	478	0.0	0	0.0	20	4.1	40	3,153	15.1
B3J - EXPECTORANTS	11,754	11,754	0.0	0	0.0	411	3.4	355	142,574	8.2
B3K - COUGH AND/OR COLD PREPARATION	6,335	6,335	0.0	0	0.0	469	7.4	274	171,838	3.6
B3R - NON-NARC ANTITUSS-1ST GEN. AN	116	116	0.0	0	0.0	3	2.5	18	3,667	3.1
B3T - NON-NARCOTIC ANTITUSSIVE AND	68	68	0.0	0	0.0	8	11.7	20	1,511	4.5
B4Q - NARCOTIC ANTITUSS-DECONGESTAN	1	1	0.0	0	0.0	0	0.0	0	80	1.2
B4R - NON-NARCOTIC ANTITUSS-DECONGE	1	1	0.0	0	0.0	0	0.0	0	23	4.3
B4S - NARCOTIC ANTITUSSIVE-EXPECTOR	1	1	0.0	0	0.0	0	0.0	0	76	1.3
B4W - DECONGESTANT-EXPECTORANT COMB	13	13	0.0	0	0.0	1	7.6	1	394	3.2
C0B - WATER	454	454	0.0	0	0.0	1	0.2	5	3,089	14.6
C0D - ANTI-ALCOHOLIC PREPARATIONS	86	86	0.0	0	0.0	0	0.0	1	1,691	5.0
C0K - BICARBONATE PRODUCING/CONTAIN	170	170	0.0	0	0.0	20	11.7	6	970	17.5
C1A - ELECTROLYTE DEPLETERS	2,809	2,809	0.0	0	0.0	312	11.1	207	28,465	9.8
C1B - SODIUM/SALINE PREPARATIONS	1,367	1,367	0.0	0	0.0	6	0.4	74	17,241	7.9
C1D - POTASSIUM REPLACEMENT	13,768	13,768	0.0	0	0.0	450	3.2	241	227,510	6.0
C1F - CALCIUM REPLACEMENT	9,593	9,593	0.0	0	0.0	126	1.3	189	156,962	6.1
C1H - MAGNESIUM SALTS REPLACEMENT	390	390	0.0	0	0.0	20	5.1	18	10,372	3.7
C1P - PHOSPHATE REPLACEMENT	85	85	0.0	0	0.0	0	0.0	2	906	9.3
C1W - ELECTROLYTE MAINTENANCE	235	235	0.0	0	0.0	2	0.8	25	2,985	7.8
C3B - IRON REPLACEMENT	6,247	6,247	0.0	0	0.0	281	4.4	207	111,807	5.5
C3C - ZINC REPLACEMENT	609	609	0.0	0	0.0	3	0.4	21	14,317	4.2
C3H - IODINE CONTAINING AGENTS	46	46	0.0	0	0.0	0	0.0	2	271	16.9
C3M - MINERAL REPLACEMENT,MISCELLAN	14	14	0.0	0	0.0	0	0.0	0	116	12.0
C4G - INSULINS	52,365	52,365	0.0	0	0.0	527	1.0	1,166	256,392	20.4
C4H - ANTIHYPERGLYCEMIC, AMYLIN ANA	4	4	0.0	0	0.0	0	0.0	0	143	2.7
C4I - ANTIHYPERGLY,INCRETIN MIMETIC	6	6	0.0	0	0.0	1	16.6	0	348	1.7
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	8,446	8,446	0.0	0	0.0	260	3.0	298	164,586	5.1
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	7,380	7,380	0.0	0	0.0	206	2.7	220	120,156	6.1
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	153	153	0.0	0	0.0	14	9.1	14	2,432	6.2
C4N - HYPOGLYCEMICS, INSULIN-RESPON	5,159	5,159	0.0	0	0.0	106	2.0	228	100,226	5.1
C5B - PROTEIN REPLACEMENT	26	26	0.0	0	0.0	0	0.0	1	503	5.1
C5J - IV SOLUTIONS: DEXTROSE-WATER	184	184	0.0	0	0.0	3	1.6	9	2,688	6.8
C5K - IV SOLUTIONS: DEXTROSE-SALINE	82	82	0.0	0	0.0	0	0.0	5	2,367	3.4
C5M - IV SOLUTIONS: DEXTROSE AND LA	49	49	0.0	0	0.0	0	0.0	3	239	20.5
C5O - DILUENT SOLUTIONS	1	1	0.0	0	0.0	0	0.0	0	76	1.3
C6B - VITAMIN B PREPARATIONS	2,196	2,196	0.0	0	0.0	59	2.6	107	32,587	6.7
C6C - VITAMIN C PREPARATIONS	2,106	2,106	0.0	0	0.0	8	0.3	30	38,817	5.4
C6D - VITAMIN D PREPARATIONS	512	512	0.0	0	0.0	9	1.7	29	6,671	7.6
C6E - VITAMIN E PREPARATIONS	1,345	1,345	0.0	0	0.0	12	0.8	24	26,290	5.1
C6F - PRENATAL VITAMIN PREPARATIONS	3,455	3,455	0.0	0	0.0	162	4.6	356	60,040	5.7

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C6G - GERIATRIC VITAMIN PREPARATION	356	356	0.0	0	0.0	1	0.2	12	5,255	6.7
C6H - PEDIATRIC VITAMIN PREPARATION	974	974	0.0	0	0.0	76	7.8	60	15,028	6.4
C6K - VITAMIN K PREPARATIONS	81	81	0.0	0	0.0	0	0.0	7	1,782	4.5
C6L - VITAMIN B12 PREPARATIONS	2,459	2,459	0.0	0	0.0	301	12.2	52	19,897	12.3
C6M - FOLIC ACID PREPARATIONS	2,490	2,490	0.0	0	0.0	39	1.5	39	45,818	5.4
C6N - NIACIN PREPARATIONS	133	133	0.0	0	0.0	2	1.5	6	2,312	5.7
C6Q - VITAMIN B6 PREPARATIONS	297	297	0.0	0	0.0	4	1.3	5	5,520	5.3
C6R - VITAMIN B2 PREPARATIONS	14	14	0.0	0	0.0	0	0.0	2	183	7.6
C6T - VITAMIN B1 PREPARATIONS	430	430	0.0	0	0.0	2	0.4	22	8,115	5.2
C6Z - MULTIVITAMIN PREPARATIONS	11,937	11,937	0.0	0	0.0	149	1.2	179	245,013	4.8
C7A - HYPERURICEMIA TX - PURINE INH	1,518	1,518	0.0	0	0.0	49	3.2	34	29,975	5.0
C7B - DECARBOXYLASE INHIBITORS	12	12	0.0	0	0.0	0	0.0	0	103	11.6
C7D - METABOLIC DEFICIENCY AGENTS	320	320	0.0	0	0.0	0	0.0	21	2,823	11.3
C7E - APPETITE STIMULANTS	311	311	0.0	0	0.0	37	11.8	5	1,476	21.0
C8A - METALLIC POISON,AGENTS TO TRE	58	58	0.0	0	0.0	0	0.0	3	601	9.6
D1A - PERIODONTAL COLLAGENASE INHIB	36	36	0.0	0	0.0	0	0.0	8	1,096	3.2
D1D - DENTAL AIDS AND PREPARATIONS	3,070	3,070	0.0	0	0.0	678	22.0	42	17,393	17.6
D2A - FLUORIDE PREPARATIONS	786	786	0.0	0	0.0	1	0.1	42	6,926	11.3
D4B - ANTACIDS	8,733	8,733	0.0	0	0.0	137	1.5	114	38,056	22.9
D4E - ANTI-ULCER PREPARATIONS	1,024	1,024	0.0	0	0.0	122	11.9	40	16,973	6.0
D4F - ANTI-ULCER-H.PYLORI AGENTS	1	1	0.0	0	0.0	0	0.0	0	1,761	0.0
D4G - GASTRIC ENZYMES	306	306	0.0	0	0.0	0	0.0	15	2,763	11.0
D4H - ORAL MUCOSITIS/STOMATITIS AGE	1	1	0.0	0	0.0	0	0.0	0	68	1.4
D4I - ORAL MUCOSITIS/STOMATITIS ANT	5	5	0.0	0	0.0	0	0.0	0	86	5.8
D4K - GASTRIC ACID SECRETION REDUCE	34,334	34,334	0.0	0	0.0	1,845	5.3	997	712,286	4.8
D4N - ANTIFLATULENTS	1,328	1,328	0.0	0	0.0	5	0.3	19	5,713	23.2
D5P - INTESTINAL ADSORBENTS AND PRO	5	5	0.0	0	0.0	0	0.0	0	52	9.6
D6A - DRUGS TO TX CHRONIC INFLAMM.	4	4	0.0	0	0.0	0	0.0	0	58	6.8
D6C - IRRITABLE BOWEL SYND. AGENT,5	19	19	0.0	0	0.0	12	63.1	2	250	7.6
D6D - ANTIDIARRHEALS	4,520	4,520	0.0	0	0.0	413	9.1	105	38,122	11.8
D6E - IRRITABLE BOWEL SYND. AGENT,5	1,055	1,055	0.0	0	0.0	87	8.2	75	17,976	5.8
D6F - DRUG TX-CHRONIC INFLAM. COLON	556	556	0.0	0	0.0	114	20.5	51	7,314	7.6
D6S - LAXATIVES AND CATHARTICS	42,368	42,368	0.0	0	0.0	3,773	8.9	934	395,499	10.7
D7A - BILE SALTS	204	204	0.0	0	0.0	35	17.1	16	2,403	8.4
D7D - DRUGS TO TREAT HEREDITARY TYR	1	1	0.0	0	0.0	0	0.0	0	9	11.1
D7L - BILE SALT SEQUESTRANTS	1,144	1,144	0.0	0	0.0	16	1.3	36	9,317	12.2
D8A - PANCREATIC ENZYMES	993	993	0.0	0	0.0	69	6.9	107	7,523	13.1
D9A - AMMONIA INHIBITORS	1,824	1,824	0.0	0	0.0	34	1.8	41	8,374	21.7
F1A - ANDROGENIC AGENTS	313	313	0.0	0	0.0	15	4.7	19	4,945	6.3
F2A - DRUGS TO TREAT IMPOTENCY	3	3	0.0	0	0.0	0	0.0	2	4,140	0.0
G1A - ESTROGENIC AGENTS	5,389	5,389	0.0	0	0.0	140	2.5	173	74,376	7.2
G2A - PROGESTATIONAL AGENTS	916	916	0.0	0	0.0	10	1.0	39	10,022	9.1
G8A - CONTRACEPTIVES,ORAL	3,346	3,346	0.0	0	0.0	141	4.2	82	77,766	4.3
G8C - CONTRACEPTIVES,INJECTABLE	430	430	0.0	0	0.0	16	3.7	22	12,979	3.3
G8F - CONTRACEPTIVES,TRANSDERMAL	2,133	2,133	0.0	0	0.0	77	3.6	53	23,335	9.1
G9B - CONTRACEPTIVES, INTRAVAGINAL,	157	157	0.0	0	0.0	43	27.3	6	2,357	6.6
H0A - LOCAL ANESTHETICS	469	469	0.0	0	0.0	2	0.4	8	11,237	4.1
H0E - AGENTS TO TREAT MULTIPLE SCLE	681	681	0.0	0	0.0	198	29.0	40	10,468	6.5
H1A - ALZHEIMER'S THERAPY, NMDA REC	1,348	1,348	0.0	0	0.0	39	2.8	29	32,481	4.1
H2A - CENTRAL NERVOUS SYSTEM STIMUL	25	25	0.0	0	0.0	9	36.0	2	814	3.0
H2C - GENERAL ANESTHETICS,INJECTABL	1	1	0.0	0	0.0	0	0.0	0	159	0.6
H2D - BARBITURATES	1,664	1,664	0.0	0	0.0	18	1.0	57	32,688	5.0
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	6,087	6,087	0.0	0	0.0	419	6.8	194	146,247	4.1
H2F - ANTI-ANXIETY DRUGS	21,420	21,420	0.0	0	0.0	781	3.6	760	438,726	4.8
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	1,853	1,853	0.0	0	0.0	342	18.4	51	35,305	5.2
H2M - ANTI-MANIA DRUGS	1,456	1,456	0.0	0	0.0	36	2.4	78	40,116	3.6
H2S - SELECTIVE SEROTONIN REUPTAKE	28,508	28,508	0.0	0	0.0	2,539	8.9	871	1	0.0

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H2U -	TRICYCLIC ANTIDEPRESSANTS & R	5,762	5,762	0.0	0	0.0	380	6.5	165	116,871	4.9
H2V -	TX FOR ATTENTION DEFICIT-HYPE	812	812	0.0	0	0.0	57	7.0	69	124,550	0.6
H2W -	TRICYCLIC ANTIDEPRESSANT/PHEN	89	89	0.0	0	0.0	6	6.7	3	2,087	4.2
H2X -	TRICYCLIC ANTIDEPRESSANT/BENZ	47	47	0.0	0	0.0	1	2.1	3	802	5.8
H3A -	ANALGESICS,NARCOTICS	73,912	73,912	0.0	0	0.0	20,433	27.6	1,921	1,509,899	4.8
H3D -	ANALGESIC/ANTIPYRETICS, SALIC	8,534	8,534	0.0	0	0.0	286	3.3	196	194,495	4.3
H3E -	ANALGESIC/ANTIPYRETICS,NON-SA	42,262	42,262	0.0	0	0.0	4,744	11.2	488	197,096	21.4
H3F -	ANTIMIGRAINE PREPARATIONS	5,080	5,080	0.0	0	0.0	421	8.2	322	48,260	10.5
H3N -	ANALGESICS, NARCOTIC AGONIST	209	209	0.0	0	0.0	77	36.8	6	7,312	2.8
H3T -	NARCOTIC ANTAGONISTS	82	82	0.0	0	0.0	13	15.8	2	2,511	3.2
H4B -	ANTICONVULSANTS	40,630	40,630	0.0	0	0.0	1,843	4.5	1,861	845,043	4.8
H6A -	ANTIPARKINSONISM DRUGS,OTHER	3,391	3,391	0.0	0	0.0	125	3.6	103	61,935	5.4
H6B -	ANTIPARKINSONISM DRUGS,ANTICH	2,279	2,279	0.0	0	0.0	51	2.2	61	61,731	3.6
H6C -	ANTITUSSIVES,NON-NARCOTIC	1,453	1,453	0.0	0	0.0	176	12.1	49	16,310	8.9
H6H -	SKELETAL MUSCLE RELAXANTS	12,950	12,950	0.0	0	0.0	1,278	9.8	354	227,330	5.6
H6I -	AMYOTROPHIC LATERAL SCLEROSIS	11	11	0.0	0	0.0	1	9.0	0	248	4.4
H6J -	ANTIEMETIC/ANTIVERTIGO AGENTS	7,691	7,691	0.0	0	0.0	841	10.9	403	82,921	9.2
H7B -	ALPHA-2 RECEPTOR ANTAGONIST A	4,234	4,234	0.0	0	0.0	255	6.0	96	91,778	4.6
H7C -	SEROTONIN-NOREPINEPHRINE REUP	5,592	5,592	0.0	0	0.0	1,407	25.1	192	154,522	3.6
H7D -	NOREPINEPHRINE AND DOPAMINE R	4,849	4,849	0.0	0	0.0	328	6.7	178	99,399	4.8
H7E -	SEROTONIN-2 ANTAGONIST/REUPTA	4,802	4,802	0.0	0	0.0	178	3.7	145	114,844	4.1
H7J -	MAOIS - NON-SELECTIVE & IRREV	8	8	0.0	0	0.0	1	12.5	0	229	3.4
H7N -	SMOKING DETERRENTS, OTHER	51	51	0.0	0	0.0	2	3.9	8	1,008	5.0
H7O -	ANTIPSYCHOTICS,DOPAMINE ANTAG	1,565	1,565	0.0	0	0.0	225	14.3	57	30,172	5.1
H7P -	ANTIPSYCHOTICS,DOPAMINE ANTAG	151	151	0.0	0	0.0	12	7.9	5	5,285	2.8
H7R -	ANTIPSYCH,DOPAMINE ANTAG.,DIP	27	27	0.0	0	0.0	3	11.1	4	569	4.7
H7S -	ANTIPSYCHOTICS,DOPAMINE ANTAG	18	18	0.0	0	0.0	1	5.5	0	741	2.4
H7T -	ANTIPSYCHOTICS,ATYPICAL,DOPAM	24,355	24,355	0.0	0	0.0	6,812	27.9	886	1	0.0
H7U -	ANTIPSYCHOTICS, DOPAMINE & SE	80	80	0.0	0	0.0	7	8.7	1	3,273	2.4
H7W -	ANTI-NARCOLEPSY & ANTI-CATAPL	3	3	0.0	0	0.0	1	33.3	0	314	0.9
H7X -	ANTIPSYCHOTICS, ATYP, D2 PART	2,421	2,421	0.0	0	0.0	124	5.1	99	68,875	3.5
H7Y -	TX FOR ATTENTION DEFICIT-HYPE	2,959	2,959	0.0	0	0.0	69	2.3	88	55,994	5.2
H7Z -	SSRI &ANTIPSYCH,ATYP,DOPAMINE	174	174	0.0	0	0.0	16	9.1	22	4,989	3.4
H8A -	ANTI-ANXIETY (ANXIOLYTIC) AND	20	20	0.0	0	0.0	0	0.0	4	326	6.1
J1A -	PARASYMPATHETIC AGENTS	325	325	0.0	0	0.0	18	5.5	15	4,366	7.4
J1B -	CHOLINESTERASE INHIBITORS	5,125	5,125	0.0	0	0.0	134	2.6	113	106,827	4.7
J2A -	BELLADONNA ALKALOIDS	1,459	1,459	0.0	0	0.0	25	1.7	51	16,927	8.6
J2B -	ANTICHOLINERGICS,QUATERNARY A	385	385	0.0	0	0.0	41	10.6	45	5,852	6.5
J2D -	ANTICHOLINERGICS/ANTISPASMODI	1,697	1,697	0.0	0	0.0	19	1.1	34	16,765	10.1
J3A -	SMOKING DETERRENT AGENTS (GAN	908	908	0.0	0	0.0	29	3.1	77	16,787	5.4
J5B -	ADRENERGICS, AROMATIC, NON-CA	14	14	0.0	0	0.0	2	14.2	0	100,713	0.0
J5D -	BETA-ADRENERGIC AGENTS	49,766	49,766	0.0	0	0.0	1,709	3.4	1,371	374,917	13.2
J5E -	SYMPATHOMIMETIC AGENTS	1,081	1,081	0.0	0	0.0	88	8.1	42	11,270	9.5
J5F -	ANAPHYLAXIS THERAPY AGENTS	152	152	0.0	0	0.0	1	0.6	10	3,565	4.2
J5G -	BETA-ADRENERGICS AND GLUCOCOR	6,406	6,406	0.0	0	0.0	488	7.6	152	80,267	7.9
J5H -	ADRENERGIC VASOPRESSOR AGENTS	224	224	0.0	0	0.0	3	1.3	7	2,443	9.1
J7A -	ALPHA/BETA-ADRENERGIC BLOCKIN	2,266	2,266	0.0	0	0.0	148	6.5	107	1	0.0
J7B -	ALPHA-ADRENERGIC BLOCKING AGE	1,237	1,237	0.0	0	0.0	59	4.7	39	25,041	4.9
J7C -	BETA-ADRENERGIC BLOCKING AGEN	16,941	16,941	0.0	0	0.0	508	2.9	358	341,529	4.9
J9A -	INTESTINAL MOTILITY STIMULANT	5,308	5,308	0.0	0	0.0	725	13.6	114	65,890	8.0
J9B -	ANTISPASMODIC AGENTS	2	2	0.0	0	0.0	0	0.0	0	302	0.6
L0B -	TOPICAL/MUCOUS MEMBR./SUBCUT.	17,040	17,040	0.0	0	0.0	66	0.3	180	56,860	29.9
L0C -	DIABETIC ULCER PREPARATIONS,T	327	327	0.0	0	0.0	0	0.0	16	1,369	23.8
L1A -	ANTIPSORIATIC AGENTS,SYSTEMIC	13	13	0.0	0	0.0	2	15.3	0	426	3.0
L2A -	EMOLLIENTS	2,807	2,807	0.0	0	0.0	24	0.8	67	20,390	13.7
L3A -	PROTECTIVES	193	193	0.0	0	0.0	4	2.0	1	3,081	6.2
L3P -	ANTIPRURITICS,TOPICAL	219	219	0.0	0	0.0	0	0.0	5	1,214	18.0

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L4A - ASTRINGENTS	1	1	0.0	0	0.0	0	0.0	1	114	0.8
L5A - KERATOLYTICS	993	993	0.0	0	0.0	19	1.9	44	6,984	14.2
L5E - ANTISEBORRHEIC AGENTS	1,585	1,585	0.0	0	0.0	10	0.6	27	7,688	20.6
L5F - ANTIPSORIATICS AGENTS	576	576	0.0	0	0.0	3	0.5	13	3,027	19.0
L5G - ROSACEA AGENTS, TOPICAL	604	604	0.0	0	0.0	0	0.0	15	3,228	18.7
L5H - ACNE AGENTS,TOPICAL	563	563	0.0	0	0.0	1	0.1	19	4,441	12.6
L6A - IRRITANTS/COUNTER-IRRITANTS	928	928	0.0	0	0.0	0	0.0	12	3,882	23.9
L7A - SHAMPOOS/LOTION	12	12	0.0	0	0.0	0	0.0	2	164	7.3
L8B - ANTIPERSPIRANTS	56	56	0.0	0	0.0	0	0.0	6	569	9.8
L9A - TOPICAL AGENTS,MISCELLANEOUS	337	337	0.0	0	0.0	1	0.2	14	2,204	15.2
L9B - VITAMIN A DERIVATIVES	425	425	0.0	0	0.0	4	0.9	33	6,469	6.5
L9C - HYPOPIGMENTATION AGENTS	68	68	0.0	0	0.0	0	0.0	4	430	15.8
M0B - PLASMA PROTEINS	2	2	0.0	0	0.0	0	0.0	0	48	4.1
M0E - ANTIHEMOPHILIC FACTORS	213	213	0.0	0	0.0	27	12.6	7	1	0.0
M0F - FACTOR IX PREPARATIONS	30	30	0.0	0	0.0	0	0.0	1	92	32.6
M4B - IV FAT EMULSIONS	21	21	0.0	0	0.0	0	0.0	1	118	17.7
M4E - LIPOTROPICS	25,778	25,778	0.0	0	0.0	3,598	13.9	722	504,607	5.1
M4G - HYPERGLYCEMICS	1,395	1,395	0.0	0	0.0	15	1.0	40	6,895	20.2
M4I - ANTIHYPERLIP(HMGCOA) & CALCIU	155	155	0.0	0	0.0	5	3.2	6	3,763	4.1
M9A - TOPICAL HEMOSTATICS	13	13	0.0	0	0.0	0	0.0	2	57	22.8
M9D - ANTIFIBRINOLYTIC AGENTS	7	7	0.0	0	0.0	0	0.0	0	189	3.7
M9F - THROMBOLYTIC ENZYMES	13	13	0.0	0	0.0	0	0.0	1	204	6.3
M9K - HEPARIN AND RELATED PREPARATI	2,421	2,421	0.0	0	0.0	92	3.8	101	23,671	10.2
M9L - ORAL ANTICOAGULANTS,COUMARIN	11,693	11,693	0.0	0	0.0	381	3.2	308	154,546	7.5
M9M - ORAL ANTICOAGULANTS,INDANDION	2	2	0.0	0	0.0	0	0.0	1	4	50.0
M9P - PLATELET AGGREGATION INHIBITO	7,288	7,288	0.0	0	0.0	136	1.8	181	136,143	5.3
M9S - HEMORRHEOLOGIC AGENTS	562	562	0.0	0	0.0	38	6.7	10	7,349	7.6
N1B - HEMATINICS,OTHER	2,278	2,278	0.0	0	0.0	60	2.6	79	14,544	15.6
N1C - LEUKOCYTE (WBC) STIMULANTS	67	67	0.0	0	0.0	3	4.4	10	1,056	6.3
N1D - PLATELET REDUCING AGENTS	32	32	0.0	0	0.0	0	0.0	3	447	7.1
N1E - PLATELET PROLIFERATION STIMUL	2	2	0.0	0	0.0	0	0.0	0	58	3.4
P0B - FOLLICLE STIM./LUTEINIZING HO	2	2	0.0	0	0.0	0	0.0	0	27	7.4
P1A - GROWTH HORMONES	210	210	0.0	0	0.0	48	22.8	7	2,626	7.9
P1B - SOMATOSTATIC AGENTS	70	70	0.0	0	0.0	0	0.0	10	559	12.5
P1E - ADRENOCORTICOTROPHIC HORMONES	2	2	0.0	0	0.0	0	0.0	1	49	4.0
P1F - PITUITARY SUPPRESSIVE AGENTS	160	160	0.0	0	0.0	3	1.8	7	2,553	6.2
P1G - ADRENAL STEROID INHIBITORS	3	3	0.0	0	0.0	0	0.0	1	10	30.0
P1M - LHRH(GNRH) AGONIST ANALOG PIT	74	74	0.0	0	0.0	3	4.0	6	803	9.2
P1P - LHRH(GNRH)AGNST PIT.SUP-CENTR	45	45	0.0	0	0.0	45	0.0	0	417	10.7
P2B - ANTIDIURETIC AND VASOPRESSOR	1,140	1,140	0.0	0	0.0	41	3.5	52	16,526	6.8
P3A - THYROID HORMONES	11,309	11,309	0.0	0	0.0	331	2.9	366	264,048	4.2
P3L - ANTITHYROID PREPARATIONS	235	235	0.0	0	0.0	10	4.2	10	3,665	6.4
P4B - BONE FORMATION STIM. AGENTS -	303	303	0.0	0	0.0	0	0.0	20	2,534	11.9
P4D - HYPERPARATHYROID TX AGENTS -	82	82	0.0	0	0.0	1	1.2	2	687	11.9
P4L - BONE RESORPTION INHIBITORS	10,386	10,386	0.0	0	0.0	545	5.2	142	138,067	7.5
P4M - CALCIMIMETIC,PARATHYROID CALC	392	392	0.0	0	0.0	6	1.5	31	4,996	7.8
P4N - BONE RESORPTION INHIBITOR & V	12	12	0.0	0	0.0	0	0.0	0	277	4.3
P5A - GLUCOCORTICOIDS	11,685	11,685	0.0	0	0.0	365	3.1	582	205,472	5.6
P5S - MINERALOCORTICOIDS	261	261	0.0	0	0.0	17	6.5	6	5,097	5.1
Q2C - OPHTHALMIC ANTI-INFLAMMATO	1,034	1,034	0.0	0	0.0	2	0.1	20	3,926	26.3
Q3A - RECTAL PREPARATIONS	898	898	0.0	0	0.0	0	0.0	19	9,026	9.9
Q3B - RECTAL/LOWER BOWEL PREP.,G	4	4	0.0	0	0.0	0	0.0	0	94	4.2
Q3D - HEMORRHOIDAL PREPARATIONS	332	332	0.0	0	0.0	4	1.2	10	2,212	15.0
Q3E - CHRONIC INFLAM. COLON DX,	19	19	0.0	0	0.0	1	5.2	1	499	3.8
Q3H - HEMORRHOIDALS, LOCAL RECTA	63	63	0.0	0	0.0	0	0.0	8	410	15.3
Q3S - LAXATIVES, LOCAL/RECTAL	5,802	5,802	0.0	0	0.0	222	3.8	97	27,946	20.7
Q4A - VAGINAL PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	123	1.6

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L4A -	ASTRINGENTS	1	1	0.0	0	0.0	0	0.0	1		
Q4B -	VAGINAL ANTISEPTICS	9	9	0.0	0	0.0	0	0.0	0	149	6.0
Q4F -	VAGINAL ANTIFUNGALS	196	196	0.0	0	0.0	4	2.0	17	9,899	1.9
Q4K -	VAGINAL ESTROGEN PREPARATIONS	502	502	0.0	0	0.0	3	0.5	11	5,504	9.1
Q4S -	VAGINAL SULFONAMIDES	5	5	0.0	0	0.0	0	0.0	1	69	7.2
Q4W -	VAGINAL ANTIBIOTICS	40	40	0.0	0	0.0	2	5.0	1	6,753	0.5
Q5A -	TOPICAL PREPARATIONS,MISCELLA	102	102	0.0	0	0.0	1	0.9	10	1,237	8.2
Q5B -	TOPICAL PREPARATIONS,ANTIBACT	224	224	0.0	0	0.0	6	2.6	8	2,255	9.9
Q5F -	TOPICAL ANTIFUNGALS	16,834	16,834	0.0	0	0.0	134	0.7	442	112,361	14.9
Q5H -	TOPICAL LOCAL ANESTHETICS	4,333	4,333	0.0	0	0.0	403	9.3	123	25,849	16.7
Q5K -	TOPICAL IMMUNOSUPPRESSIVE AGE	2,087	2,087	0.0	0	0.0	102	4.8	49	15,822	13.1
Q5N -	TOPICAL ANTINEOPLASTIC & PREM	23	23	0.0	0	0.0	0	0.0	3	410	5.6
Q5P -	TOPICAL ANTI-INFLAMMATORY STE	11,889	11,889	0.0	0	0.0	150	1.2	362	1	0.0
Q5R -	TOPICAL ANTIPARASITICS	995	995	0.0	0	0.0	5	0.5	47	26,813	3.7
Q5S -	TOPICAL SULFONAMIDES	2,232	2,232	0.0	0	0.0	18	0.8	46	12,157	18.3
Q5V -	TOPICAL ANTIVIRALS	481	481	0.0	0	0.0	0	0.0	22	5,251	9.1
Q5W -	TOPICAL ANTIBIOTICS	9,611	9,611	0.0	0	0.0	62	0.6	204	72,740	13.2
Q5X -	TOPICAL ANTIBIOTICS/ANTIINFLA	31	31	0.0	0	0.0	0	0.0	0	214	14.4
Q6A -	OPHTHALMIC PREPARATIONS, MISC	12	12	0.0	0	0.0	2	16.6	0	580	2.0
Q6C -	EYE VASOCONSTRICTORS (RX ONLY	25	25	0.0	0	0.0	6	24.0	1	162	15.4
Q6D -	EYE VASOCONSTRICTORS (OTC ONL	37	37	0.0	0	0.0	2	5.4	4	495	7.4
Q6G -	MIOTICS/OTHER INTRAOC. PRESSU	15,107	15,107	0.0	0	0.0	2,493	16.5	337	73,374	20.5
Q6H -	EYE LOCAL ANESTHETICS	1	1	0.0	0	0.0	0	0.0	0	32	3.1
Q6I -	EYE ANTIBIOTIC-CORTICOID COMB	245	245	0.0	0	0.0	8	3.2	6	7,481	3.2
Q6J -	MYDRIATICS	281	281	0.0	0	0.0	46	16.3	3	2,760	10.1
Q6P -	EYE ANTIINFLAMMATORY AGENTS	1,747	1,747	0.0	0	0.0	154	8.8	86	14,084	12.4
Q6R -	EYE ANTIHISTAMINES	1,358	1,358	0.0	0	0.0	195	14.3	101	11,447	11.8
Q6S -	EYE SULFONAMIDES	139	139	0.0	0	0.0	4	2.8	8	9,262	1.5
Q6T -	ARTIFICIAL TEARS	9,327	9,327	0.0	0	0.0	68	0.7	208	32,082	29.0
Q6U -	OPHTHALMIC MAST CELL STABILIZ	403	403	0.0	0	0.0	10	2.4	13	2,375	16.9
Q6V -	EYE ANTIVIRALS	15	15	0.0	0	0.0	1	6.6	2	300	5.0
Q6W -	OPHTHALMIC ANTIBIOTICS	1,879	1,879	0.0	0	0.0	44	2.3	42	47,502	3.9
Q6Y -	EYE PREPARATIONS, MISCELLANEO	1,829	1,829	0.0	0	0.0	8	0.4	48	4,690	38.9
Q7A -	NOSE PREPARATIONS, MISCELLANE	365	365	0.0	0	0.0	4	1.0	13	2,088	17.4
Q7E -	NASAL ANTIHISTAMINE	710	710	0.0	0	0.0	12	1.6	25	5,109	13.8
Q7H -	NASAL MAST CELL STABILIZERS A	10	10	0.0	0	0.0	0	0.0	0	101	9.9
Q7P -	NASAL ANTI-INFLAMMATORY STERO	11,061	11,061	0.0	0	0.0	182	1.6	242	95,958	11.5
Q7W -	NOSE PREPARATIONS ANTIBIOTICS	27	27	0.0	0	0.0	0	0.0	0	230	11.7
Q7Y -	NOSE PREPARATIONS, MISCELLANE	641	641	0.0	0	0.0	1	0.1	9	5,129	12.4
Q8B -	EAR PREPARATIONS, MISC. ANTI-	165	165	0.0	0	0.0	10	6.0	6	2,127	7.7
Q8F -	OTIC PREPARATIONS,ANTI-INFLAM	192	192	0.0	0	0.0	8	4.1	4	9,860	1.9
Q8H -	EAR PREPARATIONS,LOCAL ANESTH	56	56	0.0	0	0.0	2	3.5	0	8,256	0.6
Q8R -	EAR PREPARATIONS,EAR WAX REMO	145	145	0.0	0	0.0	0	0.0	3	5,194	2.7
Q8W -	EAR PREPARATIONS,ANTIBIOTICS	306	306	0.0	0	0.0	6	1.9	8	18,583	1.6
Q9B -	BENIGN PROSTATIC HYPERTROPHY/	1,528	1,528	0.0	0	0.0	28	1.8	27	35,277	4.3
R1A -	URINARY TRACT ANTISPASMODIC/A	5,334	5,334	0.0	0	0.0	229	4.2	154	1	0.0
R1B -	OSMOTIC DIURETICS	1	1	0.0	0	0.0	0	0.0	0	3	33.3
R1E -	CARBONIC ANHYDRASE INHIBITORS	268	268	0.0	0	0.0	11	4.1	13	4,232	6.3
R1F -	THIAZIDE AND RELATED DIURETIC	5,515	5,515	0.0	0	0.0	91	1.6	139	107,970	5.1
R1H -	POTASSIUM SPARING DIURETICS	2,538	2,538	0.0	0	0.0	49	1.9	51	49,129	5.1
R1I -	URINARY TRACT ANTISPASMODIC,	52	52	0.0	0	0.0	0	0.0	3	2,243	2.3
R1L -	POTASSIUM SPARING DIURETICS I	3,155	3,155	0.0	0	0.0	70	2.2	67	58,894	5.3
R1M -	LOOP DIURETICS	17,546	17,546	0.0	0	0.0	866	4.9	349	345,835	5.0
R1R -	URICOSURIC AGENTS	46	46	0.0	0	0.0	0	0.0	0	854	5.3
R1S -	URINARY PH MODIFIERS	406	406	0.0	0	0.0	5	1.2	16	2,969	13.6
R4A -	KIDNEY STONE AGENTS	7	7	0.0	0	0.0	0	0.0	1	86	8.1
R5A -	URINARY TRACT ANESTHETIC/ANAL	195	195	0.0	0	0.0	19	9.7	6	8,743	2.2

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THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
L4A - ASTRINGENTS	1	1	0.0	0	0.0	0	0.0	1		
R5B - URINARY TRACT ANALGESIC AGENT	97	97	0.0	0	0.0	28	28.8	5	1,454	6.6
S2A - COLCHICINE	435	435	0.0	0	0.0	10	2.2	7	6,254	6.9
S2B - NSAIDS, CYCLOOXYGENASE INHIBI	22,313	22,313	0.0	0	0.0	1,730	7.7	630	396,253	5.6
S2C - GOLD SALTS	13	13	0.0	0	0.0	4	30.7	0	93	13.9
S2H - ANTI-INFLAMMATORY/ANTIARTHRIT	2	2	0.0	0	0.0	0	0.0	1	523	0.3
S2I - ANTI-INFLAMMATORY, PYRIMIDINE	100	100	0.0	0	0.0	2	2.0	4	2,033	4.9
S2J - ANTI-INFLAMMATORY TUMOR NECRO	580	580	0.0	0	0.0	50	8.6	56	5,430	10.6
S2K - ANTI-ARTHRITIC AND CHELATING	6	6	0.0	0	0.0	0	0.0	0	83	7.2
S2M - ANTI-FLAM. INTERLEUKIN-1 RECE	10	10	0.0	0	0.0	0	0.0	0	83	12.0
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO	1	1	0.0	0	0.0	0	0.0	0	21	4.7
S2P - NSAID, COX INHIBITOR-TYPE & P	31	31	0.0	0	0.0	0	0.0	3	694	4.4
S7A - NEUROMUSCULAR BLOCKING AGENTS	1	1	0.0	0	0.0	0	0.0	0	153	0.6
U6A - PHARMACEUTICAL ADJUVANTS, TAB	88	88	0.0	0	0.0	1	1.1	4	598	14.7
U6C - THICKENING AGENTS, ORAL	28	28	0.0	0	0.0	0	0.0	2	644	4.3
U6E - OINTMENT/CREAM BASES	160	160	0.0	0	0.0	1	0.6	15	961	16.6
U6F - HYDROPHILIC CREAM/OINTMENT BA	494	494	0.0	0	0.0	17	3.4	1	2,040	24.2
U6H - SOLVENTS	939	939	0.0	0	0.0	6	0.6	32	7,098	13.2
U6N - VEHICLES	5,987	5,987	0.0	0	0.0	38	0.6	65	20,178	29.6
U6W - BULK CHEMICALS	190	190	0.0	0	0.0	1	0.5	10	3,986	4.7
U7A - SUSPENDING AGENTS	1	1	0.0	0	0.0	0	0.0	0	43	2.3
V1A - ALKYLATING AGENTS	189	189	0.0	0	0.0	0	0.0	14	2,492	7.5
V1B - ANTIMETABOLITES	1,146	1,146	0.0	0	0.0	6	0.5	50	12,320	9.3
V1E - STEROID ANTINEOPLASTICS	2,008	2,008	0.0	0	0.0	59	2.9	33	12,064	16.6
V1F - ANTINEOPLASTICS,MISCELLANEOUS	295	295	0.0	0	0.0	3	1.0	15	5,970	4.9
V1I - CHEMOTHERAPY RESCUE/ANTIDOTE	98	98	0.0	0	0.0	2	2.0	2	928	10.5
V1J - ANTIANDROGENIC AGENTS	39	39	0.0	0	0.0	1	2.5	1	1,068	3.6
V1N - SELECTIVE RETINOID X RECEPTOR	1	1	0.0	0	0.0	0	0.0	0	18	5.5
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	21	21	0.0	0	0.0	3	14.2	4	218	9.6
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	60	60	0.0	0	0.0	5	8.3	5	1,340	4.4
V1T - SELECTIVE ESTROGEN RECEPTOR M	346	346	0.0	0	0.0	6	1.7	4	6,485	5.3
W1A - PENICILLINS	2,966	2,966	0.0	0	0.0	58	1.9	108	305,629	0.9
W1C - TETRACYCLINES	1,719	1,719	0.0	0	0.0	43	2.5	43	43,557	3.9
W1D - MACROLIDES	1,448	1,448	0.0	0	0.0	26	1.7	72	177,163	0.8
W1F - AMINOGLYCOSIDES	389	389	0.0	0	0.0	4	1.0	29	5,617	6.9
W1G - ANTITUBERCULAR ANTIBIOTICS	46	46	0.0	0	0.0	3	6.5	4	1,429	3.2
W1J - VANCOMYCIN AND DERIVATIVES	411	411	0.0	0	0.0	14	3.4	33	6,293	6.5
W1K - LINCOSAMIDES	332	332	0.0	0	0.0	6	1.8	19	14,134	2.3
W1L - ANTIBIOTICS, MISCELLANEOUS, O	2	2	0.0	0	0.0	0	0.0	0	49	4.0
W1M - STREPTOGRAMINS	1	1	0.0	0	0.0	0	0.0	0	13	7.6
W1N - POLYMYXIN AND DERIVATIVES	61	61	0.0	0	0.0	0	0.0	1	245	24.8
W1O - OXAZOLIDINONES	54	54	0.0	0	0.0	7	12.9	5	2,384	2.2
W1P - BETALACTAMS	3	3	0.0	0	0.0	0	0.0	0	254	1.1
W1Q - QUINOLONES	2,098	2,098	0.0	0	0.0	83	3.9	104	149,614	1.4
W1S - CARBAPENEMS (THIENAMYCINS)	27	27	0.0	0	0.0	4	14.8	0	1,245	2.1
W1W - CEPHALOSPORINS - 1ST GENERATI	1,505	1,505	0.0	0	0.0	14	0.9	35	108,669	1.3
W1X - CEPHALOSPORINS - 2ND GENERATI	191	191	0.0	0	0.0	1	0.5	11	27,506	0.6
W1Y - CEPHALOSPORINS - 3RD GENERATI	312	312	0.0	0	0.0	11	3.5	17	54,203	0.5
W1Z - CEPHALOSPORINS - 4TH GENERATI	19	19	0.0	0	0.0	1	5.2	0	645	2.9
W2A - ABSORBABLE SULFONAMIDES	2,090	2,090	0.0	0	0.0	65	3.1	67	73,206	2.8
W2E - ANTI-MYCOBACTERIUM AGENTS	80	80	0.0	0	0.0	13	16.2	5	1,723	4.6
W2F - NITROFURAN DERIVATIVES	883	883	0.0	0	0.0	13	1.4	45	38,350	2.3
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	209	209	0.0	0	0.0	24	11.4	6	3,665	5.7
W3A - ANTIFUNGAL ANTIBIOTICS	1,092	1,092	0.0	0	0.0	112	10.2	58	26,277	4.1
W3B - ANTIFUNGAL AGENTS	2,321	2,321	0.0	0	0.0	80	3.4	99	56,696	4.0
W4A - ANTIMALARIAL DRUGS	2,318	2,318	0.0	0	0.0	38	1.6	92	31,988	7.2

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W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	275	275	0.0	0	0.0	11	4.0	12	26,886	1.0
W4G - 2ND GEN. ANAEROBIC ANTIPROTOZ	1	1	0.0	0	0.0	0	0.0	0	18	5.5
W4K - ANTIPROTOZOAL DRUGS,MISCELLAN	14	14	0.0	0	0.0	0	0.0	1	282	4.9
W4L - ANTHELMINTICS	41	41	0.0	0	0.0	0	0.0	0	2,752	1.4
W4M - ANTIPARASITICS	2	2	0.0	0	0.0	0	0.0	0	155	1.2
W4P - ANTILEPROTICS	59	59	0.0	0	0.0	0	0.0	6	1,545	3.8
W5A - ANTIVIRALS, GENERAL	1,150	1,150	0.0	0	0.0	11	0.9	57	27,001	4.2
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	337	337	0.0	0	0.0	14	4.1	26	6,098	5.5
W5D - ANTIVIRAL MONOCLONAL ANTIBODI	492	492	0.0	0	0.0	89	18.0	1	3,225	15.2
W5F - HEPATITIS B TREATMENT AGENTS	27	27	0.0	0	0.0	0	0.0	0	442	6.1
W5G - HEPATITIS C TREATMENT AGENTS	303	303	0.0	0	0.0	22	7.2	27	5,034	6.0
W5I - ANTIVIRALS, HIV-SPECIFIC, NUC	156	156	0.0	0	0.0	0	0.0	9	2,530	6.1
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	458	458	0.0	0	0.0	30	6.5	29	8,053	5.6
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	260	260	0.0	0	0.0	1	0.3	12	4,941	5.2
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	215	215	0.0	0	0.0	5	2.3	9	4,334	4.9
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	127	127	0.0	0	0.0	4	3.1	8	2,778	4.5
W5N - ANTIVIRALS, HIV-SPECIFIC, FUS	24	24	0.0	0	0.0	0	0.0	1	332	7.2
W5O - ANTIVIRALS, HIV-SPEC, NUCLEOS	109	109	0.0	0	0.0	1	0.9	13	1,973	5.5
W5P - ANTIVIRALS, HIV-SPEC, NON-PEP	1	1	0.0	0	0.0	0	0.0	0	14	7.1
W7B - VIRAL/TUMORIGENIC VACCINES	25	25	0.0	0	0.0	0	0.0	2	388	6.4
W7C - INFLUENZA VIRUS VACCINES	1	1	0.0	0	0.0	0	0.0	0	2,175	0.0
W7K - ANTISERA	48	48	0.0	0	0.0	0	0.0	1	429	11.1
W7L - GRAM POSITIVE COCCI VACCINES	3	3	0.0	0	0.0	0	0.0	0	2,273	0.1
W8D - OXIDIZING AGENTS	61	61	0.0	0	0.0	0	0.0	4	586	10.4
W8F - IRRIGANTS	276	876	0.0	0	0.0	16	1.8	40	5,387	16.2
W8J - ANTIBACTERIAL AGENTS,MISCELLA	2	2	0.0	0	0.0	0	0.0	1	6	33.3
W8T - PRESERVATIVES	2	2	0.0	0	0.0	0	0.0	0	148	1.3
W9A - KETOLIDES	11	11	0.0	0	0.0	1	9.0	1	5,399	0.2
W9B - CYCLIC LIPOPEPTIDES	28	28	0.0	0	0.0	1	3.5	0	393	7.1
W9C - RIFAMYCINS AND RELATED DERIVA	15	15	0.0	0	0.0	7	46.6	1	386	3.8
X5B - BANDAGES AND RELATED SUPPLIES	4	4	0.0	0	0.0	0	0.0	0	3,056	0.1
Z2A - ANTIHISTAMINES	31,147	31,147	0.0	0	0.0	1,022	3.2	1,137	478,627	6.5
Z2E - IMMUNOSUPPRESSIVES	1,933	1,933	0.0	0	0.0	58	3.0	183	30,455	6.3
Z2F - MAST CELL STABILIZERS	430	430	0.0	0	0.0	17	3.9	19	2,442	17.6
Z2G - IMMUNOMODULATORS	228	228	0.0	0	0.0	78	34.2	7	3,299	6.9
Z2H - SYSTEMIC ENZYME INHIBITORS	13	13	0.0	0	0.0	0	0.0	0	161	8.0
Z2L - MONOCLONAL ANTIBODIES TO IMMU	32	32	0.0	0	0.0	16	50.0	1	770	4.1
Z2N - 1ST GEN ANTIHISTAMINE & DECON	43	43	0.0	0	0.0	1	2.3	5	2,119	2.0
Z2O - 2ND GEN ANTIHISTAMINE & DECON	2	2	0.0	0	0.0	0	0.0	0	306	0.6
Z2P - ANTIHISTAMINES - 1ST GENERATI	3	3	0.0	0	0.0	0	0.0	0	145	2.0
Z2Q - ANTIHISTAMINES - 2ND GENERATI	242	242	0.0	0	0.0	6	2.4	24	6,670	3.6
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	7,036	7,036	0.0	0	0.0	69	0.9	146	103,636	6.7
LR - UNDERUSE	**1,119,520**	**1,119,520**	**0.0**	**0**	**0.0**	**82,273**	**7.3**	**32,590**	**16,286,728**	**6.8**

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THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A4B - HYPOTENSIVES,SYMPATHOLYTIC	257	257	0.0	0	0.0	31	12.0	13	97,481	0.2
D6S - LAXATIVES AND CATHARTICS	34	34	0.0	0	0.0	5	14.7	5	395,499	0.0
H3F - ANTIMIGRAINE PREPARATIONS	1	1	0.0	0	0.0	0	0.0	0	48,260	0.0
W1C - TETRACYCLINES	1	1	0.0	0	0.0	0	0.0	0	43,557	0.0
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	1	1	0.0	0	0.0	1	0.0	0	26,886	0.0
MX - EXCESSIVE DURATION	**294**	**294**	**0.0**	**0**	**0.0**	**37**	**12.5**	**18**	**611,683**	**0.0**

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GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A4B - HYPOTENSIVES,SYMPATHOLYTIC	2,666	2,666	0.0	0	0.0	2,640	99.0	0	97,481	2.7
B3J - EXPECTORANTS	385	385	0.0	0	0.0	385	0.0	0	142,574	0.2
B3K - COUGH AND/OR COLD PREPARATION	10,211	10,211	0.0	0	0.0	10,188	99.7	0	171,838	5.9
B3R - NON-NARC ANTITUSS-1ST GEN. AN	70	70	0.0	0	0.0	0	0.0	10	3,667	1.9
C4H - ANTIHYPERGLYCEMIC, AMYLIN ANA	1	1	0.0	0	0.0	0	0.0	0	143	0.6
D4B - ANTACIDS	1	1	0.0	0	0.0	1	0.0	0	38,056	0.0
F1A - ANDROGENIC AGENTS	17	17	0.0	0	0.0	17	0.0	0	4,945	0.3
H0A - LOCAL ANESTHETICS	3	3	0.0	0	0.0	3	0.0	0	11,237	0.0
H3A - ANALGESICS,NARCOTICS	8	8	0.0	0	0.0	8	0.0	0	1,509,899	0.0
H3D - ANALGESIC/ANTIPYRETICS, SALIC	419	419	0.0	0	0.0	419	0.0	0	194,495	0.2
H4B - ANTICONVULSANTS	2,583	2,583	0.0	0	0.0	2,533	98.0	0	845,043	0.3
H6H - SKELETAL MUSCLE RELAXANTS	7	7	0.0	0	0.0	6	85.7	0	227,330	0.0
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	354	354	0.0	0	0.0	354	0.0	0	82,921	0.4
H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	37	37	0.0	0	0.0	37	0.0	0	1	0.0
J5B - ADRENERGICS, AROMATIC, NON-CA	1,153	1,153	0.0	0	0.0	1,145	99.3	1	100,713	1.1
J5D - BETA-ADRENERGIC AGENTS	5	5	0.0	0	0.0	5	0.0	0	374,917	0.0
M4E - LIPOTROPICS	3	3	0.0	0	0.0	3	0.0	0	504,607	0.0
M9P - PLATELET AGGREGATION INHIBITO	4	4	0.0	0	0.0	4	0.0	0	136,143	0.0
P0B - FOLLICLE STIM./LUTEINIZING HO	2	2	0.0	0	0.0	2	0.0	0	27	7.4
P1M - LHRH(GNRH) AGONIST ANALOG PIT	22	22	0.0	0	0.0	22	0.0	0	803	2.7
P1P - LHRH(GNRH)AGNST PIT.SUP-CENTR	81	81	0.0	0	0.0	81	0.0	0	417	19.4
P5A - GLUCOCORTICOIDS	5	5	0.0	0	0.0	4	80.0	0	205,472	0.0
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE	502	502	0.0	0	0.0	497	99.0	0	15,822	3.1
Q5N - TOPICAL ANTINEOPLASTIC & PREM	1	1	0.0	0	0.0	0	0.0	0	410	0.2
Q5P - TOPICAL ANTI-INFLAMMATORY STE	131	131	0.0	0	0.0	127	96.9	1	1	0.0
Q5S - TOPICAL SULFONAMIDES	66	66	0.0	0	0.0	66	0.0	0	12,157	0.5
Q5W - TOPICAL ANTIBIOTICS	1	1	0.0	0	0.0	1	0.0	0	72,740	0.0
U6W - BULK CHEMICALS	8	8	0.0	0	0.0	6	75.0	0	3,986	0.2
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	7	7	0.0	0	0.0	7	0.0	0	218	3.2
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	2	2	0.0	0	0.0	1	50.0	0	1,340	0.1
W1A - PENICILLINS	1	1	0.0	0	0.0	1	0.0	0	305,629	0.0
W1C - TETRACYCLINES	29	29	0.0	0	0.0	25	86.2	1	43,557	0.0
W1D - MACROLIDES	123	123	0.0	0	0.0	122	99.1	0	177,163	0.0
W1Q - QUINOLONES	596	596	0.0	0	0.0	586	98.3	1	149,614	0.3
W2A - ABSORBABLE SULFONAMIDES	805	805	0.0	0	0.0	802	99.6	0	73,206	1.0
W2F - NITROFURAN DERIVATIVES	20	20	0.0	0	0.0	20	0.0	0	38,350	0.0
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	11	11	0.0	0	0.0	11	0.0	0	3,665	0.3
W3A - ANTIFUNGAL ANTIBIOTICS	27	27	0.0	0	0.0	25	92.5	0	26,277	0.1
W5A - ANTIVIRALS, GENERAL	25	25	0.0	0	0.0	25	0.0	0	27,001	0.0
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	99	99	0.0	0	0.0	97	97.9	0	8,053	1.2
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	3	3	0.0	0	0.0	3	0.0	0	4,334	0.0
Z2A - ANTIHISTAMINES	1,454	1,454	0.0	0	0.0	1,452	99.8	0	478,627	0.3
Z2N - 1ST GEN ANTIHISTAMINE & DECON	62	62	0.0	0	0.0	3	4.8	11	2,119	2.9
Z2P - ANTIHISTAMINES - 1ST GENERATI	2	2	0.0	0	0.0	0	0.0	0	145	1.3
PA - DRUG-AGE	**22,012**	**22,012**	**0.0**	**0**	**0.0**	**21,734**	**98.7**	**25**	**6,097,143**	**0.3**

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GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A4Y - HYPOTENSIVES,MISCELLANEOUS	1	0	0.0	1	0.0	0	0.0	0	13,567	0.0
C6F - PRENATAL VITAMIN PREPARATIONS	1,075	851	79.1	224	20.8	849	99.7	0	60,040	1.7
D4E - ANTI-ULCER PREPARATIONS	35	1	2.8	34	97.1	1	0.0	0	16,973	0.2
D4F - ANTI-ULCER-H.PYLORI AGENTS	1	1	0.0	0	0.0	1	0.0	0	1,761	0.0
D6S - LAXATIVES AND CATHARTICS	6	4	66.6	2	33.3	4	0.0	0	395,499	0.0
F1A - ANDROGENIC AGENTS	2	0	0.0	2	0.0	0	0.0	0	4,945	0.0
G1A - ESTROGENIC AGENTS	11	6	54.5	5	45.4	6	0.0	0	74,376	0.0
G1B - ESTROGEN/ANDROGEN COMBINATION	3	0	0.0	3	0.0	0	0.0	0	1,006	0.2
G2A - PROGESTATIONAL AGENTS	213	148	69.4	65	30.5	147	99.3	0	10,022	2.1
G3A - OXYTOCICS	162	121	74.6	41	25.3	119	98.3	0	610	26.5
G8A - CONTRACEPTIVES,ORAL	1,593	1,063	66.7	530	33.2	1,060	99.7	0	77,766	2.0
G8C - CONTRACEPTIVES,INJECTABLE	189	121	64.0	68	35.9	120	99.1	0	12,979	1.4
G8F - CONTRACEPTIVES,TRANSDERMAL	523	324	61.9	199	38.0	324	0.0	0	23,335	2.2
G9B - CONTRACEPTIVES, INTRAVAGINAL,	51	34	66.6	17	33.3	34	0.0	0	2,357	2.1
H0E - AGENTS TO TREAT MULTIPLE SCLE	1	1	0.0	0	0.0	1	0.0	0	10,468	0.0
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	14	7	50.0	7	50.0	7	0.0	0	146,247	0.0
H2F - ANTI-ANXIETY DRUGS	7	5	71.4	2	28.5	5	0.0	0	438,726	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	6	3	50.0	3	50.0	3	0.0	0	116,871	0.0
H3A - ANALGESICS,NARCOTICS	229	132	57.6	97	42.3	131	99.2	0	1,509,899	0.0
H3D - ANALGESIC/ANTIPYRETICS, SALIC	11	7	63.6	4	36.3	7	0.0	0	194,495	0.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	348	243	69.8	105	30.1	243	0.0	0	197,096	0.1
H3N - ANALGESICS, NARCOTIC AGONIST	57	40	70.1	17	29.8	40	0.0	0	7,312	0.7
H4B - ANTICONVULSANTS	1	0	0.0	1	0.0	0	0.0	0	845,043	0.0
H6B - ANTIPARKINSONISM DRUGS,ANTICH	8	5	62.5	3	37.5	5	0.0	0	61,731	0.0
H6H - SKELETAL MUSCLE RELAXANTS	56	7	12.5	49	87.5	6	85.7	0	227,330	0.0
H8A - ANTI-ANXIETY (ANXIOLYTIC) AND	4	2	50.0	2	50.0	2	0.0	0	326	1.2
J2B - ANTICHOLINERGICS,QUATERNARY A	7	0	0.0	7	0.0	0	0.0	0	5,852	0.1
J3A - SMOKING DETERRENT AGENTS (GAN	14	8	57.1	6	42.8	7	87.5	0	16,787	0.0
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN	190	141	74.2	49	25.7	139	98.5	0	1	0.0
J7C - BETA-ADRENERGIC BLOCKING AGEN	90	66	73.3	24	26.6	63	95.4	0	341,529	0.0
J8A - ANOREXIC AGENTS	1	0	0.0	1	0.0	0	0.0	0	2,144	0.0
L1B - ACNE AGENTS,SYSTEMIC	1	0	0.0	1	0.0	0	0.0	0	560	0.1
L2A - EMOLLIENTS	1	0	0.0	1	0.0	0	0.0	0	20,390	0.0
L5A - KERATOLYTICS	5	3	60.0	2	40.0	3	0.0	0	6,984	0.0
L5F - ANTIPSORIATICS AGENTS	2	2	0.0	0	0.0	2	0.0	0	3,027	0.0
L5G - ROSACEA AGENTS, TOPICAL	25	5	20.0	20	80.0	5	0.0	0	3,228	0.7
L6A - IRRITANTS/COUNTER-IRRITANTS	5	2	40.0	3	60.0	2	0.0	0	3,882	0.1
L9B - VITAMIN A DERIVATIVES	4	2	50.0	2	50.0	2	0.0	0	6,469	0.0
M4E - LIPOTROPICS	9	5	55.5	4	44.4	5	0.0	0	504,607	0.0
M9L - ORAL ANTICOAGULANTS,COUMARIN	36	21	58.3	15	41.6	21	0.0	0	154,546	0.0
P0A - FERTILITY STIMULATING PREPARA	1	0	0.0	1	0.0	0	0.0	0	125	0.8
P0C - PREGNANCY FACILITATING/MAINTA	15	0	0.0	15	0.0	0	0.0	0	71	21.1
P1M - LHRH(GNRH) AGONIST ANALOG PIT	2	0	0.0	2	0.0	0	0.0	0	803	0.2
Q4K - VAGINAL ESTROGEN PREPARATIONS	6	1	16.6	5	83.3	1	0.0	0	5,504	0.1
Q5B - TOPICAL PREPARATIONS,ANTIBACT	4	1	25.0	3	75.0	1	0.0	0	2,255	0.1
Q5F - TOPICAL ANTIFUNGALS	1	0	0.0	1	0.0	0	0.0	0	112,361	0.0
Q5R - TOPICAL ANTIPARASITICS	41	24	58.5	17	41.4	24	0.0	0	26,813	0.1
Q6G - MIOTICS/OTHER INTRAOC. PRESSU	4	1	25.0	3	75.0	1	0.0	0	73,374	0.0
R1L - POTASSIUM SPARING DIURETICS I	32	16	50.0	16	50.0	15	93.7	0	58,894	0.0
S2B - NSAIDS, CYCLOOXYGENASE INHIBI	4,967	3,292	66.2	1,675	33.7	3,282	99.6	0	396,253	1.2
S2N - ANTI-ARTHRITIC, FOLATE ANTAGO	1	0	0.0	1	0.0	0	0.0	0	21	4.7
S2P - NSAID, COX INHIBITOR-TYPE & P	2	1	50.0	1	50.0	1	0.0	0	694	0.2
U6H - SOLVENTS	3	1	33.3	2	66.6	1	0.0	0	7,098	0.0
U6W - BULK CHEMICALS	39	17	43.5	22	56.4	16	94.1	0	3,986	0.9
V1B - ANTIMETABOLITES	2	0	0.0	2	0.0	0	0.0	0	12,320	0.0
W2A - ABSORBABLE SULFONAMIDES	459	333	72.5	126	27.4	332	99.6	0	73,206	0.6

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GROUP100 INDIANA MEDICAID - OMPP FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	1	1	0.0	0	0.0	1	0.0	0	3,665	0.0
W3B - ANTIFUNGAL AGENTS	4	1	25.0	3	75.0	1	0.0	0	56,696	0.0
W4A - ANTIMALARIAL DRUGS	1	0	0.0	1	0.0	0	0.0	0	31,988	0.0
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	2,239	1,503	67.1	736	32.8	1,500	99.8	0	26,886	8.3
W4P - ANTILEPROTICS	1	1	0.0	0	0.0	1	0.0	0	1,545	0.0
W5G - HEPATITIS C TREATMENT AGENTS	1	0	0.0	1	0.0	0	0.0	0	5,034	0.0
X1C - INTRA-UTERINE DEVICES (IUD'S)	3	0	0.0	3	0.0	0	0.0	0	39	7.6
PG - DRUG-PREGNANCY	**12,826**	**8,574**	**66.8**	**4,252**	**33.1**	**8,541**	**99.6**	**0**	**6,420,417**	**0.1**

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DRUG CONFLICT CODE SX or DRUG-GENDER

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THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
F1A - ANDROGENIC AGENTS	74	74	0.0	0	0.0	4	5.4	19	4,945	1.4
F2A - DRUGS TO TREAT IMPOTENCY	3	3	0.0	0	0.0	1	33.3	0	4,140	0.0
G1A - ESTROGENIC AGENTS	782	782	0.0	0	0.0	45	5.7	20	74,376	1.0
G2A - PROGESTATIONAL AGENTS	2	2	0.0	0	0.0	0	0.0	0	10,022	0.0
G3A - OXYTOCICS	1	1	0.0	0	0.0	1	0.0	0	610	0.1
G8A - CONTRACEPTIVES,ORAL	31	31	0.0	0	0.0	2	6.4	18	77,766	0.0
G8C - CONTRACEPTIVES,INJECTABLE	711	711	0.0	0	0.0	2	0.2	33	12,979	5.4
G8F - CONTRACEPTIVES,TRANSDERMAL	2	2	0.0	0	0.0	0	0.0	2	23,335	0.0
P1M - LHRH(GNRH) AGONIST ANALOG PIT	27	27	0.0	0	0.0	12	44.4	0	803	3.3
P4L - BONE RESORPTION INHIBITORS	73	73	0.0	0	0.0	0	0.0	1	138,067	0.0
Q4F - VAGINAL ANTIFUNGALS	109	109	0.0	0	0.0	2	1.8	28	9,899	1.1
Q4K - VAGINAL ESTROGEN PREPARATIONS	9	9	0.0	0	0.0	0	0.0	2	5,504	0.1
Q9B - BENIGN PROSTATIC HYPERTROPHY/	410	410	0.0	0	0.0	2	0.4	18	35,277	1.1
V1E - STEROID ANTINEOPLASTICS	4	4	0.0	0	0.0	0	0.0	2	12,064	0.0
V1F - ANTINEOPLASTICS,MISCELLANEOUS	65	65	0.0	0	0.0	7	10.7	9	5,970	1.0
V1J - ANTIANDROGENIC AGENTS	1	1	0.0	0	0.0	0	0.0	1	1,068	0.0
V1O - ANTINEOPLASTIC LHRH(GNRH) AGO	27	27	0.0	0	0.0	6	22.2	2	218	12.3
SX - DRUG-GENDER	**2,331**	**2,331**	**0.0**	**0**	**0.0**	**84**	**3.6**	**155**	**417,043**	**0.5**

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FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
A1A - DIGITALIS GLYCOSIDES	1,768	1,768	0.0	0	0.0	1,744	98.6	0	85,864	2.0
A1B - XANTHINES	749	749	0.0	0	0.0	40	5.3	96	24,186	3.0
A1D - GENERAL BRONCHODILATOR AGENTS	773	773	0.0	0	0.0	749	96.8	0	66,649	1.1
A2A - ANTIARRHYTHMICS	125	125	0.0	0	0.0	123	98.4	0	24,835	0.5
A4A - HYPOTENSIVES,VASODILATORS	455	455	0.0	0	0.0	443	97.3	0	14,725	3.0
A4B - HYPOTENSIVES,SYMPATHOLYTIC	2,513	2,513	0.0	0	0.0	2,457	97.7	0	97,481	2.5
A4D - HYPOTENSIVES, ACE INHIBITORS	8,088	8,088	0.0	0	0.0	7,941	98.1	0	396,286	2.0
A4F - HYPOTENSIVES,ANGIOTENSIN RECE	969	969	0.0	0	0.0	864	89.1	0	129,026	0.7
A4K - ACE INHIBITOR/CALCIUM CHANNEL	120	120	0.0	0	0.0	103	85.8	0	36,773	0.3
A4Y - HYPOTENSIVES,MISCELLANEOUS	33	33	0.0	0	0.0	32	96.9	0	13,567	0.2
A7B - VASODILATORS,CORONARY	10,099	10,099	0.0	0	0.0	9,921	98.2	0	149,452	6.7
A9A - CALCIUM CHANNEL BLOCKING AGEN	5,883	5,883	0.0	0	0.0	5,786	98.3	0	277,409	2.1
B0A - GENERAL INHALATION AGENTS	6	6	0.0	0	0.0	0	0.0	1	5,285	0.1
B1B - PULMONARY ANTI-HTN, ENDOTHELI	7	7	0.0	0	0.0	0	0.0	0	831	0.8
B1C - PULMONARY ANTIHYPERTENSIVES,	1	1	0.0	0	0.0	0	0.0	0	199	0.5
B3A - MUCOLYTICS	9	9	0.0	0	0.0	0	0.0	1	3,153	0.2
B3J - EXPECTORANTS	4,538	4,538	0.0	0	0.0	229	5.0	416	142,574	3.1
B3K - COUGH AND/OR COLD PREPARATION	3,729	3,729	0.0	0	0.0	543	14.5	351	171,838	2.1
C0B - WATER	56	56	0.0	0	0.0	0	0.0	0	3,089	1.8
C0D - ANTI-ALCOHOLIC PREPARATIONS	28	28	0.0	0	0.0	4	14.2	3	1,691	1.6
C0K - BICARBONATE PRODUCING/CONTAIN	100	100	0.0	0	0.0	17	17.0	5	970	10.3
C1A - ELECTROLYTE DEPLETERS	2,296	2,296	0.0	0	0.0	225	9.7	249	28,465	8.0
C1B - SODIUM/SALINE PREPARATIONS	862	862	0.0	0	0.0	7	0.8	57	17,241	4.9
C1D - POTASSIUM REPLACEMENT	4,890	4,890	0.0	0	0.0	194	3.9	440	227,510	2.1
C1F - CALCIUM REPLACEMENT	1,446	1,446	0.0	0	0.0	20	1.3	146	156,962	0.9
C1H - MAGNESIUM SALTS REPLACEMENT	11	11	0.0	0	0.0	0	0.0	2	10,372	0.1
C1P - PHOSPHATE REPLACEMENT	27	27	0.0	0	0.0	0	0.0	1	906	2.9
C1W - ELECTROLYTE MAINTENANCE	9	9	0.0	0	0.0	0	0.0	1	2,985	0.3
C3B - IRON REPLACEMENT	1,759	1,759	0.0	0	0.0	110	6.2	140	111,807	1.5
C3C - ZINC REPLACEMENT	12	12	0.0	0	0.0	0	0.0	0	14,317	0.0
C3M - MINERAL REPLACEMENT,MISCELLAN	2	2	0.0	0	0.0	0	0.0	0	116	1.7
C4G - INSULINS	38,400	38,400	0.0	0	0.0	1,180	3.0	2,654	256,392	14.9
C4I - ANTIHYPERGLY,INCRETIN MIMETIC	22	22	0.0	0	0.0	5	22.7	0	348	6.3
C4K - HYPOGLYCEMICS, INSULIN-RELEAS	8,121	8,121	0.0	0	0.0	232	2.8	488	164,586	4.9
C4L - HYPOGLYCEMICS, BIGUANIDE TYPE	2,645	2,645	0.0	0	0.0	83	3.1	208	120,156	2.2
C4M - HYPOGLYCEMICS, ALPHA-GLUCOSID	54	54	0.0	0	0.0	6	11.1	8	2,432	2.2
C4N - HYPOGLYCEMICS, INSULIN-RESPON	2,169	2,169	0.0	0	0.0	79	3.6	226	100,226	2.1
C5B - PROTEIN REPLACEMENT	55	55	0.0	0	0.0	0	0.0	0	503	10.9
C5J - IV SOLUTIONS: DEXTROSE-WATER	62	62	0.0	0	0.0	0	0.0	1	2,688	2.3
C5K - IV SOLUTIONS: DEXTROSE-SALINE	36	36	0.0	0	0.0	0	0.0	2	2,367	1.5
C5M - IV SOLUTIONS: DEXTROSE AND LA	3	3	0.0	0	0.0	0	0.0	0	239	1.2
C6B - VITAMIN B PREPARATIONS	685	685	0.0	0	0.0	9	1.3	68	32,587	2.1
C6C - VITAMIN C PREPARATIONS	163	163	0.0	0	0.0	3	1.8	7	38,817	0.4
C6D - VITAMIN D PREPARATIONS	99	99	0.0	0	0.0	2	2.0	9	6,671	1.4
C6E - VITAMIN E PREPARATIONS	221	221	0.0	0	0.0	1	0.4	3	26,290	0.8
C6F - PRENATAL VITAMIN PREPARATIONS	614	614	0.0	0	0.0	49	7.9	103	60,040	1.0
C6G - GERIATRIC VITAMIN PREPARATION	4	4	0.0	0	0.0	0	0.0	1	5,255	0.0
C6H - PEDIATRIC VITAMIN PREPARATION	107	107	0.0	0	0.0	4	3.7	18	15,028	0.7
C6K - VITAMIN K PREPARATIONS	29	29	0.0	0	0.0	0	0.0	1	1,782	1.6
C6L - VITAMIN B12 PREPARATIONS	2	2	0.0	0	0.0	0	0.0	0	19,897	0.0
C6M - FOLIC ACID PREPARATIONS	215	215	0.0	0	0.0	6	2.7	11	45,818	0.4
C6N - NIACIN PREPARATIONS	42	42	0.0	0	0.0	2	4.7	4	2,312	1.8
C6Q - VITAMIN B6 PREPARATIONS	30	30	0.0	0	0.0	2	6.6	7	5,520	0.5
C6T - VITAMIN B1 PREPARATIONS	39	39	0.0	0	0.0	0	0.0	2	8,115	0.4
C6Z - MULTIVITAMIN PREPARATIONS	,053	7,053	0.0	0	0.0	140	1.9	263	245,013	2.8
C7A - HYPERURICEMIA TX - PURINE INH	249	249	0.0	0	0.0	248	99.5	0	29,975	0.8

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ACS PRESCRIPTION BENEFIT MANAGEMENT

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DRUG CONFLICT CODE TD or THERAPEUTIC DUPLICATION

FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
C7D - METABOLIC DEFICIENCY AGENTS	18	18	0.0	0	0.0	0	0.0	1	2,823	0.6
C8A - METALLIC POISON,AGENTS TO TRE	8	8	0.0	0	0.0	0	0.0	1	601	1.3
D2A - FLUORIDE PREPARATIONS	51	51	0.0	0	0.0	0	0.0	9	6,926	0.7
D4B - ANTACIDS	753	753	0.0	0	0.0	18	2.3	31	38,056	1.9
D4E - ANTI-ULCER PREPARATIONS	54	54	0.0	0	0.0	7	12.9	4	16,973	0.3
D4F - ANTI-ULCER-H.PYLORI AGENTS	3	3	0.0	0	0.0	0	0.0	0	1,761	0.1
D4G - GASTRIC ENZYMES	7	7	0.0	0	0.0	0	0.0	0	2,763	0.2
D4K - GASTRIC ACID SECRETION REDUCE	34,460	34,460	0.0	0	0.0	1,841	5.3	2,211	712,286	4.8
D6D - ANTIDIARRHEALS	587	587	0.0	0	0.0	55	9.3	42	38,122	1.5
D6E - IRRITABLE BOWEL SYND. AGENT,5	88	88	0.0	0	0.0	3	3.4	9	17,976	0.4
D6F - DRUG TX-CHRONIC INFLAM. COLON	54	54	0.0	0	0.0	12	22.2	14	7,314	0.7
D6S - LAXATIVES AND CATHARTICS	73,109	73,109	0.0	0	0.0	4,974	6.8	2,099	395,499	18.4
D7A - BILE SALTS	17	17	0.0	0	0.0	3	17.6	4	2,403	0.7
D7D - DRUGS TO TREAT HEREDITARY TYR	1	1	0.0	0	0.0	0	0.0	0	9	11.1
D7L - BILE SALT SEQUESTRANTS	74	74	0.0	0	0.0	5	6.7	7	9,317	0.7
D8A - PANCREATIC ENZYMES	211	211	0.0	0	0.0	22	10.4	36	7,523	2.8
F1A - ANDROGENIC AGENTS	224	224	0.0	0	0.0	26	11.6	35	4,945	4.5
G1A - ESTROGENIC AGENTS	1,906	1,906	0.0	0	0.0	109	5.7	198	74,376	2.5
G2A - PROGESTATIONAL AGENTS	58	58	0.0	0	0.0	3	5.1	6	10,022	0.5
G8A - CONTRACEPTIVES,ORAL	988	988	0.0	0	0.0	72	7.2	107	77,766	1.2
G8C - CONTRACEPTIVES,INJECTABLE	246	246	0.0	0	0.0	13	5.2	51	12,979	1.8
H0A - LOCAL ANESTHETICS	71	71	0.0	0	0.0	6	8.4	6	11,237	0.6
H0E - AGENTS TO TREAT MULTIPLE SCLE	104	104	0.0	0	0.0	14	13.4	27	10,468	0.9
H1A - ALZHEIMER'S THERAPY, NMDA REC	1,214	1,214	0.0	0	0.0	25	2.0	59	32,481	3.7
H2A - CENTRAL NERVOUS SYSTEM STIMUL	30	30	0.0	0	0.0	2	6.6	5	814	3.6
H2C - GENERAL ANESTHETICS,INJECTABL	27	27	0.0	0	0.0	0	0.0	3	159	16.9
H2D - BARBITURATES	2,530	2,530	0.0	0	0.0	51	2.0	89	32,688	7.7
H2E - SEDATIVE-HYPNOTICS,NON-BARBIT	5,841	5,841	0.0	0	0.0	538	9.2	514	146,247	3.9
H2F - ANTI-ANXIETY DRUGS	30,302	30,302	0.0	0	0.0	1,887	6.2	2,177	438,726	6.9
H2G - ANTI-PSYCHOTICS,PHENOTHIAZINE	3,080	3,080	0.0	0	0.0	3,026	98.2	0	35,305	8.7
H2M - ANTI-MANIA DRUGS	2,293	2,293	0.0	0	0.0	84	3.6	272	40,116	5.7
H2S - SELECTIVE SEROTONIN REUPTAKE	13,529	13,529	0.0	0	0.0	12,990	96.0	1	1	0.0
H2U - TRICYCLIC ANTIDEPRESSANTS & R	2,401	2,401	0.0	0	0.0	2,343	97.5	0	116,871	2.0
H2V - TX FOR ATTENTION DEFICIT-HYPE	15,521	15,521	0.0	0	0.0	998	6.4	1,235	124,550	12.4
H2W - TRICYCLIC ANTIDEPRESSANT/PHEN	4	4	0.0	0	0.0	3	75.0	0	2,087	0.1
H2X - TRICYCLIC ANTIDEPRESSANT/BENZ	1	1	0.0	0	0.0	1	0.0	0	802	0.1
H3A - ANALGESICS,NARCOTICS	149,139	149,139	0.0	0	0.0	146,161	98.0	4	1,509,899	9.8
H3D - ANALGESIC/ANTIPYRETICS, SALIC	1,953	1,953	0.0	0	0.0	1,930	98.8	0	194,495	1.0
H3E - ANALGESIC/ANTIPYRETICS,NON-SA	1,895	1,895	0.0	0	0.0	1,861	98.2	0	197,096	0.9
H3F - ANTIMIGRAINE PREPARATIONS	249	249	0.0	0	0.0	237	95.1	0	48,260	0.5
H3N - ANALGESICS, NARCOTIC AGONIST	1	1	0.0	0	0.0	0	0.0	0	7,312	0.0
H4B - ANTICONVULSANTS	233,057	233,057	0.0	0	0.0	11,855	5.0	12,043	845,043	27.5
H6A - ANTIPARKINSONISM DRUGS,OTHER	12,228	12,228	0.0	0	0.0	479	3.9	414	61,935	19.7
H6B - ANTIPARKINSONISM DRUGS,ANTICH	1,401	1,401	0.0	0	0.0	32	2.2	86	61,731	2.2
H6C - ANTITUSSIVES,NON-NARCOTIC	70	70	0.0	0	0.0	12	17.1	7	16,310	0.4
H6H - SKELETAL MUSCLE RELAXANTS	0,186	10,186	0.0	0	0.0	9,939	97.5	1	227,330	4.4
H6J - ANTIEMETIC/ANTIVERTIGO AGENTS	1,995	1,995	0.0	0	0.0	209	10.4	268	82,921	2.4
H7B - ALPHA-2 RECEPTOR ANTAGONIST A	1,155	1,155	0.0	0	0.0	1,114	96.4	0	91,778	1.2
H7C - SEROTONIN-NOREPINEPHRINE REUP	5,147	5,147	0.0	0	0.0	4,960	96.3	0	154,522	3.3
H7D - NOREPINEPHRINE AND DOPAMINE R	1,892	1,892	0.0	0	0.0	1,832	96.8	0	99,399	1.9
H7E - SEROTONIN-2 ANTAGONIST/REUPTA	1,525	1,525	0.0	0	0.0	1,460	95.7	0	114,844	1.3
H7J - MAOIS - NON-SELECTIVE & IRREV	1	1	0.0	0	0.0	1	0.0	0	229	0.4
H7O - ANTIPSYCHOTICS,DOPAMINE ANTAG	2,087	2,087	0.0	0	0.0	2,044	97.9	0	30,172	6.9
H7P - ANTIPSYCHOTICS,DOPAMINE ANTAG	326	326	0.0	0	0.0	323	99.0	0	5,285	6.1
H7R - ANTIPSYCH,DOPAMINE ANTAG.,DIP	2	2	0.0	0	0.0	2	0.0	0	569	0.3
H7S - ANTIPSYCHOTICS,DOPAMINE ANTAG	60	60	0.0	0	0.0	60	0.0	0	741	8.0

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H7T - ANTIPSYCHOTICS,ATYPICAL,DOPAM	95,899	95,899	0.0	0	0.0	94,035	98.0	0	1	0.0
H7U - ANTIPSYCHOTICS, DOPAMINE & SE	184	184	0.0	0	0.0	177	96.1	0	3,273	5.6
H7X - ANTIPSYCHOTICS, ATYP, D2 PART	4,822	4,822	0.0	0	0.0	198	4.1	303	68,875	7.0
H7Y - TX FOR ATTENTION DEFICIT-HYPE	4,789	4,789	0.0	0	0.0	126	2.6	267	55,994	8.5
H7Z - SSRI &ANTIPSYCH,ATYP,DOPAMINE	140	140	0.0	0	0.0	14	10.0	28	4,989	2.8
J1A - PARASYMPATHETIC AGENTS	44	44	0.0	0	0.0	6	13.6	8	4,366	1.0
J1B - CHOLINESTERASE INHIBITORS	3,703	3,703	0.0	0	0.0	73	1.9	143	106,827	3.4
J2A - BELLADONNA ALKALOIDS	220	220	0.0	0	0.0	11	5.0	32	16,927	1.2
J2B - ANTICHOLINERGICS,QUATERNARY A	55	55	0.0	0	0.0	11	20.0	11	5,852	0.9
J2D - ANTICHOLINERGICS/ANTISPASMODI	87	87	0.0	0	0.0	4	4.5	10	16,765	0.5
J3A - SMOKING DETERRENT AGENTS (GAN	1,478	1,478	0.0	0	0.0	81	5.4	278	16,787	8.8
J5B - ADRENERGICS, AROMATIC, NON-CA	12,810	12,810	0.0	0	0.0	791	6.1	1,074	100,713	12.7
J5D - BETA-ADRENERGIC AGENTS	37,961	37,961	0.0	0	0.0	1,998	5.2	2,714	374,917	10.1
J5E - SYMPATHOMIMETIC AGENTS	28	28	0.0	0	0.0	3	10.7	7	11,270	0.2
J5F - ANAPHYLAXIS THERAPY AGENTS	1	1	0.0	0	0.0	0	0.0	0	3,565	0.0
J5G - BETA-ADRENERGICS AND GLUCOCOR	767	767	0.0	0	0.0	38	4.9	58	80,267	0.9
J5H - ADRENERGIC VASOPRESSOR AGENTS	41	41	0.0	0	0.0	1	2.4	5	2,443	1.6
J7A - ALPHA/BETA-ADRENERGIC BLOCKIN	1,007	1,007	0.0	0	0.0	963	95.6	0	1	0.0
J7B - ALPHA-ADRENERGIC BLOCKING AGE	450	450	0.0	0	0.0	433	96.2	0	25,041	1.7
J7C - BETA-ADRENERGIC BLOCKING AGEN	7,012	7,012	0.0	0	0.0	6,868	97.9	0	341,529	2.0
J9A - INTESTINAL MOTILITY STIMULANT	485	485	0.0	0	0.0	59	12.1	38	65,890	0.7
L0B - TOPICAL/MUCOUS MEMBR./SUBCUT.	2,443	2,443	0.0	0	0.0	6	0.2	90	56,860	4.2
L1B - ACNE AGENTS,SYSTEMIC	15	15	0.0	0	0.0	1	6.6	1	560	2.6
L2A - EMOLLIENTS	162	162	0.0	0	0.0	19	11.7	29	20,390	0.7
L3A - PROTECTIVES	84	84	0.0	0	0.0	2	2.3	0	3,081	2.7
L3P - ANTIPRURITICS,TOPICAL	1	1	0.0	0	0.0	0	0.0	0	1,214	0.0
L4A - ASTRINGENTS	1	1	0.0	0	0.0	0	0.0	0	114	0.8
L5A - KERATOLYTICS	171	171	0.0	0	0.0	2	1.1	14	6,984	2.4
L5E - ANTISEBORRHEIC AGENTS	12	12	0.0	0	0.0	0	0.0	0	7,688	0.1
L5F - ANTIPSORIATICS AGENTS	76	76	0.0	0	0.0	1	1.3	12	3,027	2.5
L5G - ROSACEA AGENTS, TOPICAL	6	6	0.0	0	0.0	0	0.0	0	3,228	0.1
L5H - ACNE AGENTS,TOPICAL	3	3	0.0	0	0.0	0	0.0	0	4,441	0.0
L6A - IRRITANTS/COUNTER-IRRITANTS	5	5	0.0	0	0.0	0	0.0	0	3,882	0.1
L9A - TOPICAL AGENTS,MISCELLANEOUS	12	12	0.0	0	0.0	2	16.6	4	2,204	0.5
L9B - VITAMIN A DERIVATIVES	71	71	0.0	0	0.0	1	1.4	11	6,469	1.0
L9C - HYPOPIGMENTATION AGENTS	12	12	0.0	0	0.0	0	0.0	2	430	2.7
M0E - ANTIHEMOPHILIC FACTORS	73	73	0.0	0	0.0	1	1.3	4	1	0.0
M4B - IV FAT EMULSIONS	1	1	0.0	0	0.0	0	0.0	0	118	0.8
M4E - LIPOTROPICS	42,485	42,485	0.0	0	0.0	41,930	98.6	0	504,607	8.4
M4G - HYPERGLYCEMICS	316	316	0.0	0	0.0	5	1.5	23	6,895	4.5
M4I - ANTIHYPERLIP(HMGCOA) & CALCIU	50	50	0.0	0	0.0	1	2.0	11	3,763	1.3
M9D - ANTIFIBRINOLYTIC AGENTS	2	2	0.0	0	0.0	0	0.0	0	189	1.0
M9K - HEPARIN AND RELATED PREPARATI	511	511	0.0	0	0.0	11	2.1	26	23,671	2.1
M9L - ORAL ANTICOAGULANTS,COUMARIN	37,343	37,343	0.0	0	0.0	892	2.3	1,331	154,546	24.1
M9P - PLATELET AGGREGATION INHIBITO	3,567	3,567	0.0	0	0.0	121	3.3	209	136,143	2.6
N1B - HEMATINICS,OTHER	484	484	0.0	0	0.0	17	3.5	62	14,544	3.3
N1C - LEUKOCYTE (WBC) STIMULANTS	23	23	0.0	0	0.0	0	0.0	6	1,056	2.1
P1B - SOMATOSTATIC AGENTS	12	12	0.0	0	0.0	1	8.3	4	559	2.1
P1F - PITUITARY SUPPRESSIVE AGENTS	17	17	0.0	0	0.0	0	0.0	3	2,553	0.6
P1M - LHRH(GNRH) AGONIST ANALOG PIT	3	3	0.0	0	0.0	2	66.6	2	803	0.3
P2B - ANTIDIURETIC AND VASOPRESSOR	165	165	0.0	0	0.0	5	3.0	19	16,526	0.9
P3A - THYROID HORMONES	14,709	14,709	0.0	0	0.0	481	3.2	836	264,048	5.5
P3L - ANTITHYROID PREPARATIONS	59	59	0.0	0	0.0	2	3.3	6	3,665	1.6
P4D - HYPERPARATHYROID TX AGENTS -	8	8	0.0	0	0.0	1	12.5	2	687	1.1
P4L - BONE RESORPTION INHIBITORS	5,014	5,014	0.0	0	0.0	176	3.5	177	138,067	3.6
P4M - CALCIMIMETIC,PARATHYROID CALC	299	299	0.0	0	0.0	6	2.0	28	4,996	5.9
P5A - GLUCOCORTICOIDS	17,098	17,098	0.0	0	0.0	632	3.6	1,373	205,472	8.3

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Q3A - RECTAL PREPARATIONS	55	55	0.0	0	0.0	6	10.9	9	9,026	0.6
Q3D - HEMORRHOIDAL PREPARATIONS	8	8	0.0	0	0.0	1	12.5	2	2,212	0.3
Q3E - CHRONIC INFLAM. COLON DX, 5-A	5	5	0.0	0	0.0	0	0.0	3	499	1.0
Q3H - HEMORRHOIDALS, LOCAL RECTAL A	2	2	0.0	0	0.0	0	0.0	0	410	0.4
Q3S - LAXATIVES, LOCAL/RECTAL	767	767	0.0	0	0.0	22	2.8	32	27,946	2.7
Q4F - VAGINAL ANTIFUNGALS	30	30	0.0	0	0.0	3	10.0	5	9,899	0.3
Q4K - VAGINAL ESTROGEN PREPARATIONS	29	29	0.0	0	0.0	3	10.3	4	5,504	0.5
Q4W - VAGINAL ANTIBIOTICS	2	2	0.0	0	0.0	0	0.0	1	6,753	0.0
Q5A - TOPICAL PREPARATIONS,MISCELLA	1	1	0.0	0	0.0	1	0.0	0	1,237	0.0
Q5B - TOPICAL PREPARATIONS,ANTIBACT	9	9	0.0	0	0.0	3	33.3	2	2,255	0.3
Q5F - TOPICAL ANTIFUNGALS	3,634	3,634	0.0	0	0.0	97	2.6	303	112,361	3.2
Q5H - TOPICAL LOCAL ANESTHETICS	257	257	0.0	0	0.0	20	7.7	28	25,849	0.9
Q5K - TOPICAL IMMUNOSUPPRESSIVE AGE	89	89	0.0	0	0.0	3	3.3	10	15,822	0.5
Q5P - TOPICAL ANTI-INFLAMMATORY STE	4,948	4,948	0.0	0	0.0	223	4.5	569	1	0.0
Q5R - TOPICAL ANTIPARASITICS	263	263	0.0	0	0.0	9	3.4	33	26,813	0.9
Q5S - TOPICAL SULFONAMIDES	20	20	0.0	0	0.0	6	30.0	6	12,157	0.1
Q5V - TOPICAL ANTIVIRALS	18	18	0.0	0	0.0	0	0.0	0	5,251	0.3
Q5W - TOPICAL ANTIBIOTICS	1,469	1,469	0.0	0	0.0	36	2.4	93	72,740	2.0
Q6G - MIOTICS/OTHER INTRAOC. PRESSU	11,530	11,530	0.0	0	0.0	2,061	17.8	522	73,374	15.7
Q6I - EYE ANTIBIOTIC-CORTICOID COMB	31	31	0.0	0	0.0	1	3.2	4	7,481	0.4
Q6J - MYDRIATICS	26	26	0.0	0	0.0	6	23.0	1	2,760	0.9
Q6P - EYE ANTIINFLAMMATORY AGENTS	616	616	0.0	0	0.0	56	9.0	47	14,084	4.3
Q6R - EYE ANTIHISTAMINES	60	60	0.0	0	0.0	2	3.3	16	11,447	0.5
Q6S - EYE SULFONAMIDES	33	33	0.0	0	0.0	0	0.0	4	9,262	0.3
Q6T - ARTIFICIAL TEARS	962	962	0.0	0	0.0	16	1.6	88	32,082	2.9
Q6U - OPHTHALMIC MAST CELL STABILIZ	2	2	0.0	0	0.0	0	0.0	0	2,375	0.0
Q6W - OPHTHALMIC ANTIBIOTICS	832	832	0.0	0	0.0	42	5.0	81	47,502	1.7
Q6Y - EYE PREPARATIONS, MISCELLANEO	8	8	0.0	0	0.0	0	0.0	2	4,690	0.1
Q7A - NOSE PREPARATIONS, MISCELLANE	3	3	0.0	0	0.0	0	0.0	0	2,088	0.1
Q7P - NASAL ANTI-INFLAMMATORY STERO	516	516	0.0	0	0.0	19	3.6	53	95,958	0.5
Q7Y - NOSE PREPARATIONS, MISCELLANE	2	2	0.0	0	0.0	0	0.0	1	5,129	0.0
Q8B - EAR PREPARATIONS, MISC. ANTI-	8	8	0.0	0	0.0	0	0.0	0	2,127	0.3
Q8F - OTIC PREPARATIONS,ANTI-INFLAM	5	5	0.0	0	0.0	1	20.0	1	9,860	0.0
Q8H - EAR PREPARATIONS,LOCAL ANESTH	2	2	0.0	0	0.0	0	0.0	0	8,256	0.0
Q8R - EAR PREPARATIONS,EAR WAX REMO	4	4	0.0	0	0.0	0	0.0	0	5,194	0.0
Q8W - EAR PREPARATIONS,ANTIBIOTICS	151	151	0.0	0	0.0	7	4.6	22	18,583	0.8
Q9B - BENIGN PROSTATIC HYPERTROPHY/	2,198	2,198	0.0	0	0.0	76	3.4	61	35,277	6.2
R1A - URINARY TRACT ANTISPASMODIC/A	2,859	2,859	0.0	0	0.0	91	3.1	187	1	0.0
R1E - CARBONIC ANHYDRASE INHIBITORS	43	43	0.0	0	0.0	41	95.3	0	4,232	1.0
R1F - THIAZIDE AND RELATED DIURETIC	947	947	0.0	0	0.0	934	98.6	0	107,970	0.8
R1H - POTASSIUM SPARING DIURETICS	406	406	0.0	0	0.0	397	97.7	0	49,129	0.8
R1I - URINARY TRACT ANTISPASMODIC,	26	26	0.0	0	0.0	0	0.0	4	2,243	1.1
R1L - POTASSIUM SPARING DIURETICS I	170	170	0.0	0	0.0	164	96.4	0	58,894	0.2
R1M - LOOP DIURETICS	12,956	12,956	0.0	0	0.0	12,692	97.9	0	345,835	3.7
R1S - URINARY PH MODIFIERS	5	5	0.0	0	0.0	0	0.0	0	2,969	0.1
R4A - KIDNEY STONE AGENTS	21	21	0.0	0	0.0	0	0.0	0	86	24.4
R5A - URINARY TRACT ANESTHETIC/ANAL	61	61	0.0	0	0.0	16	26.2	0	8,743	0.6
S2A - COLCHICINE	10	10	0.0	0	0.0	0	0.0	0	6,254	0.1
S2B - NSAIDS, CYCLOOXYGENASE INHIBI	9,455	9,455	0.0	0	0.0	9,155	96.8	0	396,253	2.3
S2I - ANTI-INFLAMMATORY, PYRIMIDINE	7	7	0.0	0	0.0	7	0.0	0	2,033	0.3
S2J - ANTI-INFLAMMATORY TUMOR NECRO	59	59	0.0	0	0.0	57	96.6	0	5,430	1.0
U6E - OINTMENT/CREAM BASES	1	1	0.0	0	0.0	0	0.0	0	961	0.1
U6F - HYDROPHILIC CREAM/OINTMENT BA	35	35	0.0	0	0.0	31	88.5	0	2,040	1.7
U6H - SOLVENTS	3	3	0.0	0	0.0	1	33.3	0	7,098	0.0
U6N - VEHICLES	21	21	0.0	0	0.0	2	9.5	2	20,178	0.1
U6W - BULK CHEMICALS	156	156	0.0	0	0.0	6	3.8	18	3,986	3.9
V1A - ALKYLATING AGENTS	165	165	0.0	0	0.0	9	5.4	32	2,492	6.6

RXRQ4098-R001
AS OF2005-09-30

INDIANA MEDICAID - OMPP
ACS PRESCRIPTION BENEFIT MANAGEMENT

RUN DATE 04/10/2006

DRUG CONFLICT CODE TD or THERAPEUTIC DUPLICATION

FISCAL YEAR 10-01-2004 to 09-30-2005

THERAPEUTIC CLASS	CONFLICT MESSAGES	CLAIMS PAID	PAID PCT	CLAIMS DENIED	DENY PCT	CLAIMS OVERIDDEN	OVR PCT	CLAIMS REVERSED	CLAIMS SCREENED	TOT PCT
V1B - ANTIMETABOLITES	317	317	0.0	0	0.0	12	3.7	39	12,320	2.5
V1D - ANTIBIOTIC ANTINEOPLASTICS	1	1	0.0	0	0.0	0	0.0	0	7	14.2
V1E - STEROID ANTINEOPLASTICS	135	135	0.0	0	0.0	1	0.7	10	12,064	1.1
V1F - ANTINEOPLASTICS,MISCELLANEOUS	10	10	0.0	0	0.0	0	0.0	2	5,970	0.1
V1J - ANTIANDROGENIC AGENTS	8	8	0.0	0	0.0	1	12.5	0	1,068	0.7
V1Q - ANTINEOPLASTIC SYSTEMIC ENZYM	37	37	0.0	0	0.0	2	5.4	7	1,340	2.7
V1T - SELECTIVE ESTROGEN RECEPTOR M	15	15	0.0	0	0.0	0	0.0	3	6,485	0.2
W1A - PENICILLINS	4,204	4,204	0.0	0	0.0	3,965	94.3	1	305,629	1.3
W1C - TETRACYCLINES	669	669	0.0	0	0.0	572	85.5	1	43,557	1.5
W1D - MACROLIDES	1,089	1,089	0.0	0	0.0	1,023	93.9	2	177,163	0.6
W1F - AMINOGLYCOSIDES	96	96	0.0	0	0.0	39	40.6	0	5,617	1.7
W1G - ANTITUBERCULAR ANTIBIOTICS	4	4	0.0	0	0.0	4	0.0	0	1,429	0.2
W1J - VANCOMYCIN AND DERIVATIVES	227	227	0.0	0	0.0	91	40.0	0	6,293	3.6
W1K - LINCOSAMIDES	132	132	0.0	0	0.0	116	87.8	0	14,134	0.9
W1O - OXAZOLIDINONES	3	3	0.0	0	0.0	3	0.0	0	2,384	0.1
W1P - BETALACTAMS	4	4	0.0	0	0.0	2	50.0	0	254	1.5
W1Q - QUINOLONES	4,857	4,857	0.0	0	0.0	4,616	95.0	0	149,614	3.2
W1S - CARBAPENEMS (THIENAMYCINS)	29	29	0.0	0	0.0	7	24.1	0	1,245	2.3
W1W - CEPHALOSPORINS - 1ST GENERATI	2,470	2,470	0.0	0	0.0	2,302	93.1	8	108,669	2.2
W1X - CEPHALOSPORINS - 2ND GENERATI	268	268	0.0	0	0.0	248	92.5	0	27,506	0.9
W1Y - CEPHALOSPORINS - 3RD GENERATI	490	490	0.0	0	0.0	413	84.2	1	54,203	0.9
W1Z - CEPHALOSPORINS - 4TH GENERATI	17	17	0.0	0	0.0	3	17.6	0	645	2.6
W2A - ABSORBABLE SULFONAMIDES	260	260	0.0	0	0.0	244	93.8	0	73,206	0.3
W2E - ANTI-MYCOBACTERIUM AGENTS	79	79	0.0	0	0.0	76	96.2	0	1,723	4.5
W2F - NITROFURAN DERIVATIVES	636	636	0.0	0	0.0	595	93.5	0	38,350	1.6
W2G - CHEMOTHERAPEUTICS, ANTIBACTER	13	13	0.0	0	0.0	13	0.0	0	3,665	0.3
W3A - ANTIFUNGAL ANTIBIOTICS	350	350	0.0	0	0.0	226	64.5	4	26,277	1.3
W3B - ANTIFUNGAL AGENTS	295	295	0.0	0	0.0	268	90.8	0	56,696	0.5
W4A - ANTIMALARIAL DRUGS	175	175	0.0	0	0.0	171	97.7	0	31,988	0.5
W4E - ANAEROBIC ANTIPROTOZOAL-ANTIB	335	335	0.0	0	0.0	313	93.4	0	26,886	1.2
W4L - ANTHELMINTICS	2	2	0.0	0	0.0	2	0.0	0	2,752	0.0
W4P - ANTILEPROTICS	16	16	0.0	0	0.0	1	6.2	1	1,545	1.0
W5A - ANTIVIRALS, GENERAL	294	294	0.0	0	0.0	12	4.0	27	27,001	1.0
W5C - ANTIVIRALS, HIV-SPECIFIC, PRO	1,640	1,640	0.0	0	0.0	71	4.3	141	6,098	26.8
W5D - ANTIVIRAL MONOCLONAL ANTIBODI	448	448	0.0	0	0.0	41	9.1	5	3,225	13.8
W5F - HEPATITIS B TREATMENT AGENTS	2	2	0.0	0	0.0	0	0.0	0	442	0.4
W5G - HEPATITIS C TREATMENT AGENTS	67	67	0.0	0	0.0	1	1.4	28	5,034	1.3
W5J - ANTIVIRALS, HIV-SPECIFIC, NUC	2,312	2,312	0.0	0	0.0	180	7.7	121	8,053	28.7
W5K - ANTIVIRALS, HIV-SPECIFIC, NON	41	41	0.0	0	0.0	6	14.6	9	4,941	0.8
W5L - ANTIVIRALS, HIV-SPEC., NUCLEO	7	7	0.0	0	0.0	0	0.0	0	4,334	0.1
W5M - ANTIVIRALS, HIV-SPECIFIC, PRO	7	7	0.0	0	0.0	1	14.2	2	2,778	0.2
W7B - VIRAL/TUMORIGENIC VACCINES	10	10	0.0	0	0.0	0	0.0	0	388	2.5
W7C - INFLUENZA VIRUS VACCINES	1	1	0.0	0	0.0	0	0.0	0	2,175	0.0
W7H - ENTERIC VIRUS VACCINES	1	1	0.0	0	0.0	0	0.0	0	10	10.0
W7K - ANTISERA	14	14	0.0	0	0.0	0	0.0	0	429	3.2
W8F - IRRIGANTS	192	192	0.0	0	0.0	9	4.6	12	5,387	3.5
W9B - CYCLIC LIPOPEPTIDES	6	6	0.0	0	0.0	0	0.0	0	393	1.5
Z2A - ANTIHISTAMINES	30,008	30,008	0.0	0	0.0	1,223	4.0	1,776	478,627	6.2
Z2E - IMMUNOSUPPRESSIVES	9,137	9,137	0.0	0	0.0	415	4.5	906	30,455	30.0
Z2F - MAST CELL STABILIZERS	35	35	0.0	0	0.0	0	0.0	5	2,442	1.4
Z2H - SYSTEMIC ENZYME INHIBITORS	5	5	0.0	0	0.0	0	0.0	0	161	3.1
Z2N - 1ST GEN ANTIHISTAMINE & DECON	4	4	0.0	0	0.0	0	0.0	0	2,119	0.1
Z2Q - ANTIHISTAMINES - 2ND GENERATI	6	6	0.0	0	0.0	0	0.0	2	6,670	0.0
Z4B - LEUKOTRIENE RECEPTOR ANTAGONI	83	483	0.0	0	0.0	12	2.4	64	103,636	0.4
TD - THERAPEUTIC DUPLICATION	**1,141,976**	**1,141,976**	**0.0**	**0**	**0.0**	**441,076**	**38.6**	**42,753**	**16,148,830**	**7.0**

ATTACHMENT 2.1.C ProDUR Activity Detail:

TOP 15 DRUGS BY DUR CONFLICT

PROC: PDMM5010 INDIANA MEDICAID - OMPP
REPT: PDMM5010-R001 ACS PRESCRIPTION DRUG CARD SERVICES

CLAIMS FROM 10/01/2004 - 09/30/2005

DUR CONFLICT: DA

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
TOTALS FOR TOP 15 DRUGS		0	0.000	0
TOTALS FOR ALL DRUGS		0		539
TOTAL CLAIMS SCREENED		4,655,424		

DUR CONFLICT: DD

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
CELEBREX 200 MG CAPSULE	S2B	2,169	2.249	35
FUROSEMIDE 40 MG TABLET	R1M	1,937	2.008	89
TRAMADOL HCL-ACETAMINOPHEN	H3A	1,438	1.491	1
MOBIC 7.5 MG TABLET	S2B	1,297	1.344	3
TRAMADOL HCL 50 MG TABLET	H3A	1,146	1.188	90
FLUOXETINE 20 MG CAPSULE	H2S	1,037	1.075	74
ZOLOFT 100 MG TABLET	H2S	1,023	1.060	52
CYCLOBENZAPRINE 10 MG TABLE	H6H	1,016	1.053	99
FUROSEMIDE 20 MG TABLET	R1M	974	1.009	39
LEXAPRO 10 MG TABLET	H2S	838	0.868	45
LEVAQUIN 500 MG TABLET	W1Q	824	0.854	197
WARFARIN SODIUM 5 MG TABLET	M9L	757	0.784	89
KETEK 400 MG TABLET	W9A	683	0.708	30
LEXAPRO 20 MG TABLET	H2S	680	0.705	15
PHENYTOIN SOD EXT 100 MG CA	H4B	678	0.703	27
TOTALS FOR TOP 15 DRUGS		16,497	17.106	885
TOTALS FOR ALL DRUGS		96,436		6,843
TOTAL CLAIMS SCREENED		4,655,424		

-- continued --ATTACHMENT 2.1.C ProDUR Activity Detail: TOP 15 DRUGS BY DUR CONFLICT

DUR CONFLICT: ER

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
HYDROCODONE/APAP 5/500 TAB	H3A	3,851	1.280	174
LORATADINE 10 MG TABLET	Z2A	3,614	1.201	102
PROTONIX 40 MG TABLET EC	D4K	3,458	1.150	210
FUROSEMIDE 40 MG TABLET	R1M	3,304	1.098	259
ALBUTEROL 90 MCG INHALER	J5D	3,214	1.068	82
ALPRAZOLAM 1 MG TABLET	H2F	2,923	0.972	105
DOCUSATE SODIUM 100 MG CAP	D6S	2,837	0.943	226
RANITIDINE 150 MG TABLET	D4K	2,562	0.852	146
AMBIEN 10 MG TABLET	H2E	2,469	0.821	104
METFORMIN HCL 500 MG TABLET	C4L	2,368	0.787	128
PLAVIX 75 MG TABLET	M9P	2,316	0.770	70
LIPITOR 10 MG TABLET	M4E	2,262	0.752	69
XANAX 0.5 MG TABLET	H2F	2,158	0.717	100
ZOLOFT 100 MG TABLET	H2S	2,143	0.712	136
CLONAZEPAM 1 MG TABLET	H4B	2,052	0.682	86
TOTALS FOR TOP 15 DRUGS		41,531	13.811	1,997
TOTALS FOR ALL DRUGS		300,695		16,753
TOTAL CLAIMS SCREENED		4,655,424		

DUR CONFLICT: HD

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
HYDROCODONE/APAP 5/500 TAB	H3A	11,375	14.252	8,614
PROPOXY-N/APAP 100-650 TAB	H3A	7,472	9.362	7,700
HYDROCODONE/APAP 7.5/750 TB	H3A	5,506	6.898	6,449
HYDROCODONE/APAP 7.5/500 TB	H3A	4,426	5.545	5,644
HYDROCODONE/APAP 10/500 TAB	H3A	1,912	2.395	850
PROTONIX 40 MG TABLET EC	D4K	1,424	1.784	2,999
TRAMADOL HCL 50 MG TABLET	H3A	1,397	1.750	1,006
PROMETHAZINE 25 MG TABLET	Z2A	1,333	1.670	1,730
ACETAMINOPHEN/COD #3 TABLET	H3A	1,321	1.655	618
GLYCOLAX POWDER	D6S	1,032	1.293	4,167
OXYCODONE W/APAP 5/325 TAB	H3A	955	1.196	725
MAPAP 325 MG TABLET	H3E	790	0.989	3,120
IBUPROFEN 800 MG TABLET	S2B	772	0.967	738
HYDROCODONE/APAP 10/325 TAB	H3A	734	0.919	2,026
POLYMYXIN B/TMP EYE DROPS	Q6W	696	0.872	590
TOTALS FOR TOP 15 DRUGS		41,145	51.553	46,976
TOTALS FOR ALL DRUGS		79,810		137,004
TOTAL CLAIMS SCREENED		4,655,424		

-- continued --ATTACHMENT 2.1.C ProDUR Activity Detail: TOP 15 DRUGS BY DUR CONFLICT

DUR CONFLICT: ID

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
HYDROCODONE/APAP 5/500 TAB	H3A	2,560	6.224	5,432
ADVAIR 500/50 DISKUS	J5G	1,097	2.667	65
HYDROCODONE/APAP 7.5/500 TB	H3A	1,039	2.526	2,568
DUONEB 2.5-0.5 MG/3 ML SOLN	J5D	901	2.190	29
HYDROCODONE/APAP 7.5/750 TB	H3A	867	2.108	2,237
NASACORT AQ NASAL SPRAY	Q7P	849	2.064	19
PROPOXY-N/APAP 100-650 TAB	H3A	795	1.932	2,562
HYDROCODONE/APAP 10/500 TAB	H3A	754	1.833	1,234
TRAMADOL HCL-ACETAMINOPHEN	H3A	703	1.709	48
ZOLOFT 100 MG TABLET	H2S	686	1.667	1,255
TRAZODONE 50 MG TABLET	H7E	681	1.655	303
PREVACID 30 MG CAPSULE DR	D4K	626	1.522	14
FLUOXETINE 20 MG CAPSULE	H2S	608	1.478	800
LEXAPRO 10 MG TABLET	H2S	605	1.471	986
TRAZODONE 100 MG TABLET	H7E	572	1.390	668
TOTALS FOR TOP 15 DRUGS		13,343	32.442	18,220
TOTALS FOR ALL DRUGS		41,128		49,405
TOTAL CLAIMS SCREENED		4,655,424		

DUR CONFLICT: LD

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
CARISOPRODOL 350 MG TABLET	H6H	1,774	7.964	27
CYCLOBENZAPRINE 10 MG TABLE	H6H	679	3.048	172
SKELAXIN 800 MG TABLET	H6H	636	2.855	28
SEROQUEL 100 MG TABLET	H7T	606	2.720	728
FLUCONAZOLE 150 MG TABLET	W3B	487	2.186	67
BEXTRA 20 MG TABLET	S2B	470	2.110	33
AMOXICILLIN 500 MG CAPSULE	W1A	455	2.042	21
SEROQUEL 200 MG TABLET	H7T	450	2.020	518
GABAPENTIN 300 MG CAPSULE	H4B	389	1.746	51
NYSTATIN 100,000 UNITS/ML S	W3A	265	1.189	118
GABAPENTIN 100 MG CAPSULE	H4B	258	1.158	63
METFORMIN HCL 500 MG TABLET	C4L	246	1.104	61
METHOCARBAMOL 750 MG TABLET	H6H	229	1.028	122
CLINDAMYCIN HCL 300 MG CAPS	W1K	217	0.974	10
PHENYTOIN SOD EXT 100 MG CA	H4B	199	0.893	37
TOTALS FOR TOP 15 DRUGS		7,360	33.043	2,056
TOTALS FOR ALL DRUGS		22,274		6,661
TOTAL CLAIMS SCREENED		4,655,424		

-- continued --ATTACHMENT 2.1.C ProDUR Activity Detail: TOP 15 DRUGS BY DUR CONFLICT

DUR CONFLICT: MX

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
MAGNESIUM OXIDE 400 MG TAB	C1H	20	10.362	0
DOCUSATE SODIUM 100 MG CAP	D6S	18	9.326	0
ZITHROMAX 250MG CAPSULE	W1D	9	4.663	0
TEMAZEPAM 15 MG CAPSULE	H2E	8	4.145	23
MILK OF MAGNESIA SUSPENSION	D6S	8	4.145	0
BISAC-EVAC 10 MG SUPPOSITOR	Q3S	7	3.626	0
QC STOOL SOFTENER/LAX CAP	D6S	7	3.626	0
NATURAL FIBER LAX POWDER	D6S	7	3.626	0
KWELL 1% CREAM	Q5R	7	3.626	0
BL MAGNESIUM CITRATE SOLUTI	D6S	5	2.590	0
QC NATURAL VEGETABLE POWDER	D6S	5	2.590	0
HOMATROPINE 5% EYE DROPS	Q6J	5	2.590	0
CATAPRES-TTS 2 PATCH	A4B	4	2.072	9
QUININE SULFATE 260 MG TAB	W4A	3	1.554	30
LACTULOSE 10 GM/15 ML SYRUP	D6S	3	1.554	1
TOTALS FOR TOP 15 DRUGS		116	60.103	63
TOTALS FOR ALL DRUGS		193		886
TOTAL CLAIMS SCREENED		4,655,424		

DUR CONFLICT: PA

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
CARBOFED DM DROPS	B3K	2,030	23.731	4,322
QUAL-TUSSIN PEDIATRIC DROPS	B3J	825	9.644	181
ANDEHIST NR ORAL DROPS	B3K	793	9.270	1,708
CARDEC DM SYRUP	B3K	427	4.991	576
QV-ALLERGY SYRUP	B3K	367	4.290	856
GUANFACINE 1 MG TABLET	A4B	336	3.927	1,535
SULFAMETHOXAZOLE W/TMP SUSP	W2A	254	2.969	688
DIPHENHIST 12.5/5 ML SOLN	Z2A	249	2.910	472
ELIDEL 1% CREAM	Q5K	218	2.548	424
PROMETHEGAN 12.5 MG SUPPOS	H6J	151	1.765	309
PHENYL CHLOR-TAN SUSPENSION	B3K	140	1.636	561
LAMICTAL 25 MG TABLET	H4B	127	1.484	604
LEVAQUIN 500 MG TABLET	W1Q	126	1.472	358
LAMICTAL 100 MG TABLET	H4B	100	1.169	496
BROMAXEFED RF SYRUP	B3K	100	1.169	116
TOTALS FOR TOP 15 DRUGS		6,243	72.983	13,206
TOTALS FOR ALL DRUGS		8,554		20,726
TOTAL CLAIMS SCREENED		4,655,424		

-- continued --ATTACHMENT 2.1.C ProDUR Activity Detail: TOP 15 DRUGS BY DUR CONFLICT

DUR CONFLICT: PG

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
IBUPROFEN 800 MG TABLET	S2B	727	20.166	1,465
METRONIDAZOLE 500 MG TABLET	W4E	572	15.866	1,155
IBUPROFEN 600 MG TABLET	S2B	431	11.955	1,096
NAPROXEN SODIUM 550 MG TAB	S2B	167	4.632	130
ORTHO EVRA PATCH	G8F	148	4.105	265
ERRIN TABLET	G8A	142	3.938	303
SULFAMETHOXAZOLE/TMP DS TAB	W2A	118	3.273	308
METRONIDAZOLE 250 MG TABLET	W4E	112	3.106	279
NAPROXEN 500 MG TABLET	S2B	101	2.801	104
TRINESSA TABLET	G8A	82	2.274	197
BUTALBITAL/APAP/CAFFEINE TB	H3E	77	2.135	196
ORTHO TRI-CYCLEN LO TABLET	G8A	54	1.497	120
TRAMADOL HCL 50 MG TABLET	H3A	44	1.220	96
MEDROXYPROGESTERONE 150 MG/	G8C	41	1.137	84
CARISOPRODOL 350 MG TABLET	H6H	39	1.081	6
TOTALS FOR TOP 15 DRUGS		2,855	79.195	5,804
TOTALS FOR ALL DRUGS		3,605		7,450
TOTAL CLAIMS SCREENED		4,655,424		

DUR CONFLICT: SX

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
ESTRADIOL 0.1 MG/DAY PATCH	G1A	22	9.282	9
MEDROXYPROGESTERONE 150 MG/	G8C	22	9.282	6
VIAGRA 50 MG TABLET	F2A	19	8.016	0
FLOMAX 0.4 MG CAPSULE SA	Q9B	17	7.172	3
VIAGRA 100 MG TABLET	F2A	16	6.751	1
CVS MICONAZOLE 7 CREAM	Q4F	16	6.751	0
VIAGRA 25 MG TABLET	F2A	10	4.219	0
UROXATRAL 10 MG TABLET	Q9B	9	3.797	1
ORTHO EVRA PATCH	G8F	7	2.953	1
TRINESSA TABLET	G8A	7	2.953	0
DEPO-PROVERA 150 MG/ML SYRN	G8C	6	2.531	1
ARIMIDEX 1 MG TABLET	V1F	5	2.109	1
LUPRON DEPOT 7.5 MG KIT	V1O	4	1.687	2
ESTRADIOL 0.05 MG/DAY PATCH	G1A	4	1.687	0
PREMARIN VAGINAL CREAM/APPL	Q4K	4	1.687	0
TOTALS FOR TOP 15 DRUGS		168	70.886	25
TOTALS FOR ALL DRUGS		237		41
TOTAL CLAIMS SCREENED		4,655,424		

-- continued --ATTACHMENT 2.1.C ProDUR Activity Detail: TOP 15 DRUGS BY DUR CONFLICT

DUR CONFLICT: TD

DRUG	THERA CLASS	# ALERTS NOT OVERRIDDEN	% OF TOTAL THIS CNFLT	# ALERTS OVERRIDDEN
HYDROCODONE/APAP 5/500 TAB	H3A	3,507	3.685	20,633
HYDROCODONE/APAP 7.5/500 TB	H3A	1,453	1.527	10,496
PREVACID 30 MG CAPSULE DR	D4K	1,367	1.436	76
HYDROCODONE/APAP 10/500 TAB	H3A	1,364	1.433	7,241
PROTONIX 40 MG TABLET EC	D4K	1,324	1.391	368
HYDROCODONE/APAP 7.5/750 TB	H3A	1,312	1.378	8,484
FENTANYL 50 MCG/HR PATCH	H3A	1,227	1.289	6,051
PROPOXY-N/APAP 100-650 TAB	H3A	1,071	1.125	9,309
FENTANYL 25 MCG/HR PATCH	H3A	1,060	1.114	5,545
OXYCODONE HCL ER 40 MG TABL	H3A	954	1.002	6,225
DUONEB 2.5-0.5 MG/3 ML SOLN	J5D	886	0.931	31
FENTANYL 100 MCG/HR PATCH	H3A	862	0.905	5,013
TRAMADOL HCL-ACETAMINOPHEN	H3A	831	0.873	144
TRAMADOL HCL 50 MG TABLET	H3A	811	0.852	7,449
OXYCODONE HCL ER 20 MG TABL	H3A	767	0.806	5,797
TOTALS FOR TOP 15 DRUGS		18,796	19.754	92,862
TOTALS FOR ALL DRUGS		95,150		404,878
TOTAL CLAIMS SCREENED		4,655,424		

ATTACHMENT 2.1.D ProDUR Activity Detail:

DUR CONFLICTS BY PHARMACIST INTERVENTION & OUTCOMES

REPT: PDMM5050-R001

ACS PRESCRIPTION DRUG CARD SERVICES
CLAIMS FROM 10/01/2004- 09/30/2005

DUR CONFLICT	INTERVENTION	OUTCOME 1A FALSE +	OUTCOME 1B AS IS	OUTCOME 1C DIFF DOSE	OUTCOME 1D DIFF DIREC	OUTCOME 1E DIFF DRUG	OUTCOME 1F DIFF QTY	OUTCOME 1G PRESC OK	T O T A L
DA	M0	9	115	0	0	0	0	38	162
(ALLERGY)	P0	0	32	0	0	0	0	0	32
	R0	3	334	0	0	0	0	8	345
DD	M0	8	2,126	1	7	2	0	762	2,906
(DRUG-DRUG)	P0	9	100	0	0	0	0	1	110
	R0	34	3,714	3	0	5	0	71	3,827
ER	M0	146	4,574	225	648	14	6	2,241	7,854
(OVER USE)	P0	8	507	11	22	0	0	4	552
	R0	132	7,041	139	301	7	8	719	8,347
HD	M0	2,246	36,229	102	197	15	11	18,596	57,396
(HIGH DOSE)	P0	214	3,449	5	2	0	1	33	3,704
	R0	1,356	71,165	310	50	106	6	2,911	75,904
ID	M0	146	13,110	198	40	104	10	7,420	21,028
(INGR-DUP)	P0	4	901	11	0	2	0	20	938
	R0	356	26,022	155	25	67	0	814	27,439
LD	M0	13	1,809	15	13	1	0	1,062	2,913
(LOW DOSE)	P0	1	81	0	0	0	0	1	83
	R0	54	3,523	5	3	2	0	78	3,665
MX	M0	0	220	0	0	0	0	224	444
(EXCESS-DUR)	P0	0	3	0	0	0	0	0	3
	R0	4	430	0	0	0	0	5	439
PA	M0	102	5,806	8	14	4	2	2,819	8,755
(DRUG-AGE)	P0	16	541	0	0	0	0	6	563
	R0	186	10,815	23	5	0	0	379	11,408
PG	M0	83	2,006	1	7	0	1	1,112	3,210
(DRUG-PREG)	P0	47	285	0	0	0	0	10	342
	R0	125	3,598	9	2	1	0	163	3,898
SX	M0	0	17	0	0	0	0	4	21
(DRUG-SEX)	P0	0	2	0	0	0	0	0	2
	R0	0	15	0	0	0	0	3	18
TD	M0	5,932	100,792	1,698	380	1,297	61	55,616	165,776
(THER. DUP)	P0	495	13,606	103	11	53	1	126	14,395
	R0	3,136	198,874	8,460	158	1,577	10	12,492	224,707
T O T A L S	M0	8,685	166,804	2,248	1,306	1,437	91	89,894	270,465
	P0	794	19,507	130	35	55	2	201	20,724
	R0	5,386	325,531	9,104	544	1,765	24	17,643	359,997

ATTACHMENT 2.2 PA ACTIVITY SUMMARY

Contractor: ACS State Healthcare

Reporting Dates: 10/01/2004 to 9/30/2005

ACS Prior Authorization Summary (Represents telephone calls, FAXes and mailed requests)	
PA Type	**Count**
Information Only Calls – PDL Program	7,923
Regular PA Program*	75,061
Miscellaneous Prior Authorization Programs**	3,176
PDL PA Program	71,472
SUM:	**157,632**

* **Includes 34-day supply, drug-drug, early refill, high dose, and therapeutic duplication related contacts**

** Please refer to page 19 for explanation of this category.

ATTACHMENT 2.2 --continued-- ProDUR Edits: PA Activity

ATTACHMENT 2.2.A Detailed PA Activity by PA Type

Prior Authorization Activity

Reporting Date: From 10/01/2004 To 09/24/2005

Federal Fiscal Year 2005

Run Date: 2/2/2006

Client ID: INCAID

KEY:
A = PA Requests Approved
D = PA Requests Denied
S = Suspended PAs

Regular PA Program

PA Type	A	D	S
34 Day Supply (non-maintenance drugs are limited to 34 day supply)	27		
Drug-Drug Severity Level One	2,172	1	
Early Refill	72,118	71	48
High Dose	70	1	
Therapeutic Duplication	449	2	2
Sum:	74,836	75	50

Miscellaneous PA Program

PA Type	A	D	S
Brand Medically Necessary	1,373	12	4
Carafate (Sucralfate)	108	76	
Cytotec	24	7	
Growth Hormones	232	24	2
Synagis	1,269	44	1
Sum:	3,006	163	7

Attachment 2.2 --continued-- PA Activity

ACS Detailed PDL PA Activity – continued -

A C S

Prior Authorization Activity

Reporting Date: From 10/01/2004 To 09/24/2005

Run Date: 2/2/2006

Client ID: INCAID

KEY:
A = PA Requests Approved
D = PA Requests Denied
S = Suspended PAs

PA Program for Non-Preferred Drugs

PA Type by Therapeutic Class	A	D	S
ACE Inhibitors	944		2
ACEI with CCB	61	2	
ACEI with Diuretics	88		3
Acne Agents	193		
Actiq	104	6	
Agents to treat COPD	574	1	
Alpha Adrenergic Blockers	30		
Alpha- Beta Adrenergic Blockers	1,850	3	8
Angiotensin Receptor Blockers (ARBs)	4,325	6	18
Antidiabetic Agents	672	1	4
Antiemetic - Antivertigo Agents	93	1	
Antifungal Oral	791		1
Antifungal Topicals	372	2	2
Antipsoriatics	7		
Antiulcer- H Pyloric Agents	274		2
Antiviral Anti-herpetic Agents	510	1	1
Antiviral Influenza Agents	44		
ARBs with Diuretics	215	1	1
Benign Prostatic Hypertrophy	87		
Beta Adrenergic Blockers	91		
Beta Adrenergics & Corticosteroids	970		2
Bile Acid Sequestrants	252		
Bone Formation Stimulating	247		1
Brand NSAIDS	855	299	3
Calcium Channel Blockers	281		1
Calcium Channel Blockers w/HMG CoA Reductase Inh	3		
Carafate (Sucralfate)	108	76	
Cephalosporins	418	3	1
Cox-2 Inhibitor	4,242	275	16
Eye Antibiotic- Corticosteroid Combo	347	1	
Eye Antihistamines	274	2	
Fibric Acids	442		
Fluoroquinolones	205		1
Forteo	194	26	
Growth Hormones	232	24	2
H2 Antagonists	9		
Hematinics	8		
Heparin and Related Products	23		
HMG CoA Reductase Inhibitors	295		1
Inhaled Glucocorticoids	45		
Inspra	35		
Ketolides	218		
Leukocyte Stimulants	31		
Leukotriene Receptor Antagonists	1,550	2	1
Long Acting Beta Agonists	35	1	
Loop Diuretics	38	1	

ATTACHMENT 2.2 --continued-- PA Activity

ACS Detailed PDL PA Activity – continued -

A C S

Prior Authorization Activity

Run Date: 2/2/2006

Client ID: INCAID

Reporting Date: From 10/01/2004 To 09/24/2005

KEY:
A = PA Requests Approved
D = PA Requests Denied
S = Suspended PAs

PA Program for Non-Preferred Drugs

PA Type by Therapeutic Class	A	D	S
Macrolides	160	1	
Miotics - OIPR	431	1	1
Narcotics	1,160	9	3
Nasal Steroids and Antihistamines	978	2	1
Non-Sedating Antihistamines	7,135	13	7
Ophthalmic Antibiotics	188		1
Opthalmic Mast Cell Stabilizers	30		
Other Lipotropics	553		
Otic Antibiotics	142	1	
Plan Limits	8,482	17	20
Platelet Aggregation Inhibitors	212		
Proton Pump Inhibitors	21,179	33	41
SERMS - Bone Resorption Agents	799	1	1
Short Acting Beta Agonists	1,231		
Skeletal Muscle Relaxants	1,623	3	2
Smoking Deterrent Agents	10		
Stadol- NS	2		
Systemic Vitamin A Derivatives	3		
Thiazolidenediones	1,095	5	1
Topical Estrogen Agents	100		
Topical Vitamin A Derivatives	152		
TPL Claim Too Old	337	2	1
TPL Within Filing Limit	78	1	
Triptans	223		
Urinary Tract Antispasmodics- Antiincontinence	621	1	2
Vaginal Antimicrobials	889	1	
Sum:	70,495	825	152

Attachment 3
RetroDUR Activity

CMS FFY 2005 - INDIANA MEDICAID DUR PROGRAMS

ATTACHMENT 3. RetroDUR ACTIVITY – FFY2005

ATTACHMENT 3 is a year end summary report on retrospective DUR screening and interventions.

RetroDUR Descriptive Overview

RetroDUR interventions were performed as approved by the DUR Board. The DUR Board met monthly to review proposed interventions. The proposed interventions were sometimes modified to meet Board approval. ACS State Healthcare performed RetroDUR interventions only when the DUR Board approved an individual intervention.

Attachment 3.1 reports RetroDUR procedures used by the state of Indiana and ACS.
As required in the CMS instructions, Attachments 3.2 to 3.4 include the following:

1) Cover all criteria exceptions, and includes a denominator (% criteria exceptions / number of prescription claims adjudicated for a drug class or drug), and the number of interventions undertaken during the reporting period.

2) States that engage in physician, pharmacy profile analysis (i.e., review prescribing or dispensing of multiple prescriptions for multiple patients involving a particular problem type or diagnosis) or engage in patient profiling should report the number of each type of profile (physician, pharmacy, patient) reviewed and identify the subject(s) (diagnosis, problem type, etc.) involved.

The State of Indiana used ***two types of RetroDUR* interventions**:

1. Standard RetroDUR initiatives, and
2. Intensive Benefits Management (IBM)

Standard RetroDUR intervention letters described potential drug therapy problem(s) in patient-specific situations. RetroDUR intervention letters may include the patient's current comprehensive drug history profile.

IBM interventions involved ACS pharmacists calling practitioners about targeted drug therapy problems. The IBM pharmacists encouraged practitioners to consider changing targeted recipients' therapy to a more appropriate drug therapy and discussed various alternatives with practitioners.

CMS FFY 2005 - INDIANA MEDICAID DUR PROGRAMS

ATTACHMENT 3.1 INDIANA RETRODUR PROCEDURES

ACS State Healthcare assigned a Clinical Account Pharmacist to manage the state of Indiana's DUR programs and to interact with the DUR Board. ACS clinical pharmacists trained and experienced in DUR conducted the RetroDUR operations described below.

The RetroDUR Program involved both computerized and clinical pharmacist review of medication claims history. An initial computer-based screening of each individual patient claims history is performed using clinically-based criteria. The purpose of the computer-based screening is to identify ***potential*** drug therapy problems.

ACS' Clinical Account Pharmacist presented the criteria and screening to the DUR Board. The presentation included incidence and prevalence of the drug therapy problem. The DUR Board reviewed the drug therapy problem criteria and educational materials. If the RetroDUR intervention was approved, ACS clinical pharmacists conducted the intervention.

Practitioner responses were requested on the drug therapy intervention and documented in a proprietary case management database. The responses were used to receive feedback to assess the success of initiatives performed.

Although ACS collected prescribers' responses, evaluation of the impact of letter interventions were measured by actual prescriber behavior. In other words, ACS measured prescribers' actions resulting from the letters by measuring claims data. Evaluations of claims were performed 3 to 6 months post-intervention to determine the effectiveness of the educational interventions through changes in numbers of prescriptions and costs.

ATTACHMENT 3.2 RETRODUR INTERVENTIONS BY PROBLEM CATEGORY

Year-End Summary RetroDUR Interventions by Problem Category

Intervention Type	Intervention Description	# Recipients Intervened By Problem Category					
		CA	OU	GA	TA	TD	TOTALS
Standard RetroDUR	Letter Mailing	643	461	--	179	--	1,283
IBM	Phone Calls	1,111	1,023	--	150	0	2,284
TOTALS		**1,754**	**1,484**	**0**	**329**	**0**	**3,567**

Problem Category Key	
Cost Appropriateness or PDL Education	CA
Over-Utilization	OU
Generic Appropriateness	GA
Therapeutic Appropriateness (e.g.Dose Optimization; Step Edit Education)	TA
Therapeutic Duplication	TD

ATTACHMENT 3.3 RETRODUR ACTIVITY BY MONTH

Intensive Benefits Management (IBM)

MONTH/ YEAR	NAME OF INITIATIVE	PROGRAM TYPE	# PTS REVIEWED	# PTS INTERVENED	# PRESCRIBERS TARGETED
October-04	POLY-PHARMACY WITH CONTROLLED SUBSTANCES	IBM	874	817	273
November-04	N/A	IBM			
December-04	N/A	IBM			
January-05	HI UTILIZERS	IBM	176	132	231
February-05	HI UTILIZERS	IBM	155	74	294
March-05	N/A	IBM			
April-05	N/A	IBM			
May-05	N/A	IBM			
June-05	PREVENTATIVE USE OF ACE INHIBITORS FOR DIABETICS PATIENTS	IBM	159	150	150
July-05	SWITCH FROM NON-PDL ALLEGRA TO PDL ALTERNATIVES	IBM	1160	1111	298
August-05	N/A	IBM			
September-05	N/A	IBM			
TOTALS		IBM	2,524	2,284	1,246

RetroDUR Letters

MONTH/ YEAR	NAME OF INITIATIVE	PROGRAM TYPE	# PTS REVIEWED	# PTS INTERVENED	# PRESCRIBERS TARGETED
October-04	POLY-PHARMACY WITH CONTROLLED SUBSTANCES	RetroDUR	313	313	729
November-04		RetroDUR			
December-04		RetroDUR			
January-05		RetroDUR			
February-05		RetroDUR			
March-05		RetroDUR			
April-05		RetroDUR			
May-05	EXCEEDING MAX DURATION WITH LOW MOLECULAR WEIGHT HEPARIN	RetroDUR	190	148	120
June-05	PREVENTATIVE USE OF ACE INHIBITORS FOR DIABETICS PATIENTS	RetroDUR	431	179	156
July-05	SWITCH FROM NON-PDL ALLEGRA TO PDL ALTERNATIVES	RetroDUR	696	643	311
August-05		RetroDUR			
September-05		RetroDUR			
TOTALS			1,630	1,283	1,316

Grand Totals:	**4,154**	**3,567**	**2,562**

ATTACHMENT 3.4 RETRODUR EXCEPTIONS (PATIENTS SCREENED) & INTERVENTIONS BY THERAPEUTIC CLASS

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
A1A	DIGITALIS GLYCOSIDES	65,922	9,660									
A1B	XANTHINES	18,527	2,995									
A1C	INOTROPIC DRUGS	12	2									
A1D	GENERAL BRONCHODILATOR AGENTS	50,698	12,660									
A2A	ANTIARRHYTHMICS	17,039	2,834									
A4A	HYPOTENSIVES,VASODILATORS	10,979	2,084									
A4B	HYPOTENSIVES,SYMPATHOLYTIC	65,226	11,686									
A4C	HYPOTENSIVES,GANGLIONIC BLOCKERS	36	4									
A4D	HYPOTENSIVES, ACE INHIBITORS	301,401	45,280	Jun-05	IBM	159	150			X		
A4D	HYPOTENSIVES, ACE INHIBITORS	301,401	45,280	Jun-05	RetroDUR	431	179			X		
A4F	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	73,461	11,764	Jun-05	IBM	159	150			X		
A4F	HYPOTENSIVES,ANGIOTENSIN RECEPTOR ANTAGONIST	73,461	11,764	Jun-05	RetroDUR	431	179			X		
A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	23,343	3,594	Jun-05	IBM	159	150			X		
A4K	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	23,343	3,594	Jun-05	RetroDUR	431	179			X		
A4Y	HYPOTENSIVES,MISCELLANEOUS	10,488	1,560									
A6U	CARDIOVASCULAR DIAGNOSTICS-RADIOPAQUE	1	1									
A6V	CARDIOVASCULAR DIAGNOSTICS,NON-RADIOPAQUE AGENTS	1	1									
A7B	VASODILATORS,CORONARY	112,655	19,841									
A7C	VASODILATORS,PERIPHERAL	457	72									
A7J	VASODILATORS, COMBINATION	13	10									
A9A	CALCIUM CHANNEL BLOCKING AGENTS	212,962	31,611									
B0A	GENERAL INHALATION AGENTS	3,981	2,791									
B1B	PULMONARY ANTI-HTN, ENDOTHELIN RECEPTOR ANTAGONIST	305	46									
B1C	PULMONARY ANTIHYPERTENSIVES, PROSTACYCLIN-TYPE	63	6									
B1D	PULM.ANTI-HTN,SEL.C-GMP PHOSPHODIESTERASE T5 INHIB	2	2									
B3A	MUCOLYTICS	2,306	758									
B3J	EXPECTORANTS	104,301	52,501	Oct-04	IBM	874	817		X			
B3J	EXPECTORANTS	104,301	52,501	Oct-04	RetroDUR	313	313		X			
B3K	COUGH AND/OR COLD PREPARATIONS	110,713	65,600	Oct-04	IBM	874	817		X			
B3K	COUGH AND/OR COLD PREPARATIONS	110,713	65,600	Oct-04	RetroDUR	313	313		X			
B3O	1ST GEN ANTIHISTAMINE-DECONGESTANT-ANALGESIC COMB	2	2									
B3Q	NARCOTIC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	1	1									
B3R	NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST	2,849	2,479									
B3S	NON-NARC ANTITUS-1ST GEN ANTIHIST-DECONGEST-EXPECT	5	5									
B3T	NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.	899	676									
B4Q	NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT COMB	48	38									
B4R	NON-NARCOTIC ANTITUSS-DECONGESTANT-EXPECTORANT CM	20	14									
B4S	NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION	53	40									
B4W	DECONGESTANT-EXPECTORANT COMBINATIONS	309	227									
C0B	WATER	4,447	1,572									
C0D	ANTI-ALCOHOLIC PREPARATIONS	1,214	368									
C0K	BICARBONATE PRODUCING/CONTAINING AGENTS	2,948	563									
C1A	ELECTROLYTE DEPLETERS	17,816	3,439									
C1B	SODIUM/SALINE PREPARATIONS	17,140	3,710									
C1D	POTASSIUM REPLACEMENT	184,409	30,354									
C1F	CALCIUM REPLACEMENT	135,145	18,353									
C1H	MAGNESIUM SALTS REPLACEMENT	5,088	950									
C1P	PHOSPHATE REPLACEMENT	1,055	195									
C1W	ELECTROLYTE MAINTENANCE	1,719	1,005									
C3B	IRON REPLACEMENT	86,049	20,292									
C3C	ZINC REPLACEMENT	12,908	3,402									
C3H	IODINE CONTAINING AGENTS	229	128									
C3M	MINERAL REPLACEMENT,MISCELLANEOUS	656	64									
C4G	INSULINS	183,832	21,111	Jun-05	IBM	159	150			X		
C4G	INSULINS	183,832	21,111	Jun-05	RetroDUR	431	179			X		
C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	39	26	Jun-05	IBM	159	150			X		
C4H	ANTIHYPERGLYCEMIC, AMYLIN ANALOG-TYPE	39	26	Jun-05	RetroDUR	431	179			X		
C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	186	123	Jun-05	IBM	159	150			X		
C4I	ANTIHYPERGLY,INCRETIN MIMETIC(GLP-1 RECEP.AGONIST)	186	123	Jun-05	RetroDUR	431	179			X		
C4K	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	123,234	17,725	Jun-05	IBM	159	150			X		
C4K	HYPOGLYCEMICS, INSULIN-RELEASE STIMULANT TYPE	123,234	17,725	Jun-05	RetroDUR	431	179			X		
C4L	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	94,503	15,761	Jun-05	IBM	159	150			X		
C4L	HYPOGLYCEMICS, BIGUANIDE TYPE (NON-SULFONYLUREAS)	94,503	15,761	Jun-05	RetroDUR	431	179			X		
C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	1,819	312	Jun-05	IBM	159	150			X		
C4M	HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIB TYPE (N-S)	1,819	312	Jun-05	RetroDUR	431	179			X		
C4N	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	72,448	11,001	Jun-05	IBM	159	150			X		
C4N	HYPOGLYCEMICS, INSULIN-RESPONSE ENHANCER (N-S)	72,448	11,001	Jun-05	RetroDUR	431	179			X		

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
C5B	PROTEIN REPLACEMENT	671	67									
C5J	IV SOLUTIONS: DEXTROSE-WATER	4,166	922									
C5K	IV SOLUTIONS: DEXTROSE-SALINE	1,931	813									
C5M	IV SOLUTIONS: DEXTROSE AND LACTATED RINGERS	158	40									
C5O	DILUENT SOLUTIONS	20	2									
C6A	VITAMIN A PREPARATIONS	1	1									
C6B	VITAMIN B PREPARATIONS	24,994	4,216									
C6C	VITAMIN C PREPARATIONS	35,640	6,461									
C6D	VITAMIN D PREPARATIONS	4,477	995									
C6E	VITAMIN E PREPARATIONS	23,366	3,408									
C6F	PRENATAL VITAMIN PREPARATIONS	29,872	14,915									
C6G	GERIATRIC VITAMIN PREPARATIONS	4,051	795									
C6H	PEDIATRIC VITAMIN PREPARATIONS	9,697	3,327									
C6K	VITAMIN K PREPARATIONS	1,375	713									
C6L	VITAMIN B12 PREPARATIONS	14,938	2,985									
C6M	FOLIC ACID PREPARATIONS	37,017	6,269									
C6N	NIACIN PREPARATIONS	1,799	326									
C6Q	VITAMIN B6 PREPARATIONS	4,625	904									
C6R	VITAMIN B2 PREPARATIONS	121	35									
C6T	VITAMIN B1 PREPARATIONS	7,195	1,276									
C6Z	MULTIVITAMIN PREPARATIONS	221,522	29,796									
C7A	HYPERURICEMIA TX - PURINE INHIBITORS	24,589	3,901									
C7B	DECARBOXYLASE INHIBITORS	90	11									
C7D	METABOLIC DEFICIENCY AGENTS	2,363	310									
C7E	APPETITE STIMULANTS	1,198	751									
C8A	METALLIC POISON,AGENTS TO TREAT	363	50									
D1A	PERIODONTAL COLLAGENASE INHIBITORS	683	183									
D1D	DENTAL AIDS AND PREPARATIONS	12,558	5,225									
D2A	FLUORIDE PREPARATIONS	4,718	2,583									
D4B	ANTACIDS	32,545	9,056									
D4E	ANTI-ULCER PREPARATIONS	8,266	2,238									
D4F	ANTI-ULCER-H.PYLORI AGENTS	380	361									
D4G	GASTRIC ENZYMES	2,255	300									
D4H	ORAL MUCOSITIS/STOMATITIS AGENTS	7	5									
D4I	ORAL MUCOSITIS/STOMATITIS ANTI-INFLAMMATORY AGENT	25	14									
D4K	GASTRIC ACID SECRETION REDUCERS	479,049	75,212									
D4N	ANTIFLATULENTS	3,730	829									
D5P	INTESTINAL ADSORBENTS AND PROTECTIVES	37	28									
D6A	DRUGS TO TX CHRONIC INFLAMM. DISEASE OF COLON	44	8									
D6C	IRRITABLE BOWEL SYND. AGENT,5HT-3 ANTAGONIST-TYPE	140	32									
D6D	ANTIDIARRHEALS	29,222	13,252	Oct-04	IBM	874	817		X			
D6D	ANTIDIARRHEALS	29,222	13,252	Oct-04	RetroDUR	313	313		X			
D6E	IRRITABLE BOWEL SYND. AGENT,5HT-4 PARTIAL AGONIST	13,805	3,310									
D6F	DRUG TX-CHRONIC INFLAM. COLON DX,5-AMINOSALICYLAT	4,832	925									
D6S	LAXATIVES AND CATHARTICS	308,062	50,213									
D7A	BILE SALTS	1,592	333									
D7D	DRUGS TO TREAT HEREDITARY TYROSINEMIA	3	1									
D7L	BILE SALT SEQUESTRANTS	4,865	1,426									
D8A	PANCREATIC ENZYMES	5,359	1,092									
D9A	AMMONIA INHIBITORS	7,038	1,758									
F1A	ANDROGENIC AGENTS	3,327	822	Oct-04	IBM	874	817		X			
F1A	ANDROGENIC AGENTS	3,327	822	Oct-04	RetroDUR	313	313		X			
F2A	DRUGS TO TREAT IMPOTENCY	47	15									
G1A	ESTROGENIC AGENTS	58,935	9,567									
G1B	ESTROGEN/ANDROGEN COMBINATIONS	1	1									
G2A	PROGESTATIONAL AGENTS	7,625	2,562									
G3A	OXYTOCICS	281	275									
G8A	CONTRACEPTIVES,ORAL	52,997	13,703									
G8C	CONTRACEPTIVES,INJECTABLE	8,303	3,818									
G8F	CONTRACEPTIVES,TRANSDERMAL	13,979	4,484									
G9A	CONTRACEPTIVES,INTRAVAGINAL	6	4									
G9B	CONTRACEPTIVES, INTRAVAGINAL, SYSTEMIC	1,362	465									
H0A	LOCAL ANESTHETICS	8,207	4,959									
H0E	AGENTS TO TREAT MULTIPLE SCLEROSIS	5,792	775									
H1A	ALZHEIMER'S THERAPY, NMDA RECEPTOR ANTAGONISTS	28,073	4,005									
H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	529	86	Oct-04	IBM	874	817		X			
H2A	CENTRAL NERVOUS SYSTEM STIMULANTS	529	86	Oct-04	RetroDUR	313	313		X			
H2C	GENERAL ANESTHETICS,INJECTABLE	116	78									
H2D	BARBITURATES	25,864	2,727	Oct-04	IBM	874	817		X			
H2D	BARBITURATES	25,864	2,727	Oct-04	RetroDUR	313	313		X			
H2E	SEDATIVE-HYPNOTICS,NON-BARBITURATE	107,241	23,929	Oct-04	IBM	874	817		X			
H2E	SEDATIVE-HYPNOTICS,NON-BARBITURATE	107,241	23,929	Oct-04	RetroDUR	313	313		X			
H2F	ANTI-ANXIETY DRUGS	326,419	52,957	Oct-04	IBM	874	817		X			
H2F	ANTI-ANXIETY DRUGS	326,419	52,957	Oct-04	RetroDUR	313	313		X			
H2G	ANTI-PSYCHOTICS,PHENOTHIAZINES	22,575	2,924									
H2J	ANTIDEPRESSANTS O.U.	2	2									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
H2L	ANTI-PSYCHOTICS,NON-PHENOTHIAZINES	2	1									
H2M	ANTI-MANIA DRUGS	26,254	3,717									
H2S	SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	456,246	74,414									
H2U	TRICYCLIC ANTIDEPRESSANTS & REL. NON-SEL. RU-INHIB	81,823	15,914									
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	91,372	16,351	Oct-04	IBM	874	817		X			
H2V	TX FOR ATTENTION DEFICIT-HYPERACT(ADHD)/NARCOLEPSY	91,372	16,351	Oct-04	RetroDUR	313	313		X			
H2W	TRICYCLIC ANTIDEPRESSANT/PHENOTHIAZINE COMBINATNS	1,555	274									
H2X	TRICYCLIC ANTIDEPRESSANT/BENZODIAZEPINE COMBINATNS	570	127									
H3A	ANALGESICS,NARCOTICS	834,751	140,683	Oct-04	IBM	874	817		X			
H3A	ANALGESICS,NARCOTICS	834,751	140,683	Oct-04	RetroDUR	313	313		X			
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	164,124	25,285	Oct-04	IBM	874	817		X			
H3D	ANALGESIC/ANTIPYRETICS, SALICYLATES	164,124	25,285	Oct-04	RetroDUR	313	313		X			
H3E	ANALGESIC/ANTIPYRETICS,NON-SALICYLATE	153,094	43,072									
H3F	ANTIMIGRAINE PREPARATIONS	18,173	6,196	Oct-04	IBM	874	817		X			
H3F	ANTIMIGRAINE PREPARATIONS	18,173	6,196	Oct-04	RetroDUR	313	313		X			
H3H	ANALGESICS NARCOTIC, ANESTHETIC ADJUNCT AGENTS	3	3									
H3N	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	3,720	1,632	Oct-04	IBM	874	817		X			
H3N	ANALGESICS, NARCOTIC AGONIST AND NSAID COMBINATION	3,720	1,632	Oct-04	RetroDUR	313	313		X			
H3T	NARCOTIC ANTAGONISTS	1,779	265									
H4B	ANTICONVULSANTS	613,569	64,829	Oct-04	IBM	874	817		X			
H4B	ANTICONVULSANTS	613,569	64,829	Oct-04	RetroDUR	313	313		X			
H6A	ANTIPARKINSONISM DRUGS,OTHER	48,370	6,589									
H6B	ANTIPARKINSONISM DRUGS,ANTICHOLINERGIC	47,821	6,325									
H6C	ANTITUSSIVES,NON-NARCOTIC	11,990	6,891									
H6E	EMETICS	8	7									
H6H	SKELETAL MUSCLE RELAXANTS	141,333	33,486									
H6I	AMYOTROPHIC LATERAL SCLEROSIS AGENTS	160	23									
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	51,392	21,459	Oct-04	IBM	874	817		X			
H6J	ANTIEMETIC/ANTIVERTIGO AGENTS	51,392	21,459	Oct-04	RetroDUR	313	313		X			
H7B	ALPHA-2 RECEPTOR ANTAGONIST ANTIDEPRESSANTS	71,503	11,918									
H7C	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIS)	94,459	17,299									
H7D	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIS)	67,489	14,442									
H7E	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIS)	81,643	16,402									
H7J	MAOIS - NON-SELECTIVE & IRREVERSIBLE	147	23									
H7N	SMOKING DETERRENTS, OTHER	383	285									
H7O	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS,BUTYROPHENONES	19,718	3,415									
H7P	ANTIPSYCHOTICS,DOPAMINE ANTAGONISTS, THIOXANTHENES	3,649	428									
H7R	ANTIPSYCH,DOPAMINE ANTAG.,DIPHENYLBUTYLPIPERIDINES	284	44									
H7S	ANTIPSYCHOTICS,DOPAMINE ANTAGONST,DIHYDROINDOLONES	486	83									
H7T	ANTIPSYCHOTICS,ATYPICAL,DOPAMINE,& SEROTONIN ANTAG	448,912	48,512									
H7U	ANTIPSYCHOTICS, DOPAMINE & SEROTONIN ANTAGONISTS	2,110	255									
H7W	ANTI-NARCOLEPSY & ANTI-CATAPLEXY,SEDATIVE-TYPE AGT	87	26									
H7X	ANTIPSYCHOTICS, ATYP, D2 PARTIAL AGONIST/5HT MIXED	50,393	8,215									
H7Y	TX FOR ATTENTION DEFICIT-HYPERACT.(ADHD), NRI-TYPE	41,112	8,269									
H7Z	SSRI &ANTIPSYCH,ATYP,DOPAMINE&SEROTONIN ANTAG COMB	3,030	736									
H8A	ANTI-ANXIETY (ANXIOLYTIC) AND ANTISPASMODIC COMB.	171	89									
H8B	HYPNOTICS, MELATONIN MT1/MT2 RECEPTOR AGONISTS	23	23									
J1A	PARASYMPATHETIC AGENTS	3,386	656									
J1B	CHOLINESTERASE INHIBITORS	94,729	12,155									
J2A	BELLADONNA ALKALOIDS	12,421	4,001									
J2B	ANTICHOLINERGICS,QUATERNARY AMMONIUM	3,571	643									
J2D	ANTICHOLINERGICS/ANTISPASMODICS	13,360	4,576									
J3A	SMOKING DETERRENT AGENTS (GANGLIONIC STIM,OTHERS)	9,680	5,347									
J5A	ADRENERGIC AGENTS,CATECHOLAMINES	106	96									
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	70,931	12,536	Oct-04	IBM	874	817		X			
J5B	ADRENERGICS, AROMATIC, NON-CATECHOLAMINE	70,931	12,536	Oct-04	RetroDUR	313	313		X			
J5D	BETA-ADRENERGIC AGENTS	253,660	78,756									
J5E	SYMPATHOMIMETIC AGENTS	8,304	4,556									
J5F	ANAPHYLAXIS THERAPY AGENTS	2,570	2,080									
J5G	BETA-ADRENERGICS AND GLUCOCORTICOIDS COMBINATION	54,060	15,746									
J5H	ADRENERGIC VASOPRESSOR AGENTS	1,825	352									
J7A	ALPHA/BETA-ADRENERGIC BLOCKING AGENTS	30,222	5,465									
J7B	ALPHA-ADRENERGIC BLOCKING AGENTS	20,284	3,017									
J7C	BETA-ADRENERGIC BLOCKING AGENTS	262,758	40,120									
J9A	INTESTINAL MOTILITY STIMULANTS	47,382	11,429									
J9B	ANTISPASMODIC AGENTS	71	21									
L0B	TOPICAL/MUCOUS MEMBR./SUBCUT. ENZYMES	52,779	11,932									
L0C	DIABETIC ULCER PREPARATIONS,TOPICAL	1,118	363									
L1A	ANTIPSORIATIC AGENTS,SYSTEMIC	267	64									
L1B	ACNE AGENTS,SYSTEMIC	355	120									
L2A	EMOLLIENTS	17,124	7,978									
L3A	PROTECTIVES	6,921	2,332									
L3P	ANTIPRURITICS,TOPICAL	745	343									
L4A	ASTRINGENTS	43	28									
L5A	KERATOLYTICS	4,613	2,232									
L5E	ANTISEBORRHEIC AGENTS	6,813	2,913									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
L5F	ANTIPSORIATICS AGENTS	2,421	1,011									
L5G	ROSACEA AGENTS, TOPICAL	2,607	1,104									
L5H	ACNE AGENTS,TOPICAL	3,418	1,805									
L6A	IRRITANTS/COUNTER-IRRITANTS	2,435	857									
L7A	SHAMPOOS/LOTION	37	19									
L8B	ANTIPERSPIRANTS	433	291									
L9A	TOPICAL AGENTS,MISCELLANEOUS	1,588	790									
L9B	VITAMIN A DERIVATIVES	2,938	1,745									
L9C	HYPOPIGMENTATION AGENTS	289	135									
L9D	TOPICAL HYPERPIGMENTATION AGENTS	1	1									
L9J	HAIR GROWTH REDUCTION AGENTS	1	1									
M0B	PLASMA PROTEINS	47	6									
M0E	ANTIHEMOPHILIC FACTORS	675	85									
M0F	FACTOR IX PREPARATIONS	110	17									
M4B	IV FAT EMULSIONS	572	66									
M4E	LIPOTROPICS	362,466	47,761									
M4G	HYPERGLYCEMICS	5,614	2,049									
M4I	ANTIHYPERLIP(HMGCOA) & CALCIUM CHANNEL BLOCKER CMB	2,790	657									
M9A	TOPICAL HEMOSTATICS	46	17									
M9D	ANTIFIBRINOLYTIC AGENTS	124	71									
M9F	THROMBOLYTIC ENZYMES	152	54									
M9K	HEPARIN AND RELATED PREPARATIONS	15,104	4,404	May-05	RetroDUR	190	148		X			
M9K	HEPARIN AND RELATED PREPARATIONS	15,104	4,404	May-05	RetroDUR	190	148		X			
M9L	ORAL ANTICOAGULANTS,COUMARIN TYPE	109,202	11,832									
M9M	ORAL ANTICOAGULANTS,INDANDIONE TYPE	1	1									
M9P	PLATELET AGGREGATION INHIBITORS	109,780	16,118	May-05	RetroDUR	190	148		X			
M9P	PLATELET AGGREGATION INHIBITORS	109,780	16,118	May-05	RetroDUR	190	148		X			
M9S	HEMORRHEOLOGIC AGENTS	6,171	1,037									
N1B	HEMATINICS,OTHER	11,718	1,908									
N1C	LEUKOCYTE (WBC) STIMULANTS	600	161									
N1D	PLATELET REDUCING AGENTS	283	43									
N1E	PLATELET PROLIFERATION STIMULANTS	18	7									
P0B	FOLLICLE STIM./LUTEINIZING HORMONES	11	5									
P1A	GROWTH HORMONES	1,474	251									
P1B	SOMATOSTATIC AGENTS	355	79									
P1E	ADRENOCORTICOTROPHIC HORMONES	32	19									
P1F	PITUITARY SUPPRESSIVE AGENTS	1,813	311									
P1G	ADRENAL STEROID INHIBITORS	2	1									
P1M	LHRH(GNRH) AGONIST ANALOG PITUITARY SUPPRESSANTS	376	157									
P1P	LHRH(GNRH)AGNST PIT.SUP-CENTRAL PRECOCIOUS PUBERTY	179	40									
P1U	METABOLIC FUNCTION DIAGNOSTICS	1	1									
P2B	ANTIDIURETIC AND VASOPRESSOR HORMONES	12,070	2,320									
P3A	THYROID HORMONES	205,118	26,175									
P3L	ANTITHYROID PREPARATIONS	2,603	535									
P4B	BONE FORMATION STIM. AGENTS - PARATHYROID HORMONE	1,423	269									
P4D	HYPERPARATHYROID TX AGENTS - VITAMIN D ANALOG-TYPE	497	172									
P4L	BONE RESORPTION INHIBITORS	106,607	15,105									
P4M	CALCIMIMETIC,PARATHYROID CALCIUM ENHANCER	3,725	761									
P4N	BONE RESORPTION INHIBITOR & VITAMIN D COMBINATIONS	205	111									
P4O	BONE RESORPTION INHIBITOR & CALCIUM COMBINATIONS	1	1									
P5A	GLUCOCORTICOIDS	150,225	58,859									
P5S	MINERALOCORTICOIDS	3,783	687									
P6A	PINEAL HORMONE AGENTS	1	1									
Q2C	OPHTHALMIC ANTI-INFLAMMATORY IMMUNOMODULATOR-TYPE	3,229	777									
Q2U	EYE DIAGNOSTIC AGENTS	4	4									
Q3A	RECTAL PREPARATIONS	4,866	2,673									
Q3B	RECTAL/LOWER BOWEL PREP.,GLUCOCORT. (NON-HEMORR)	71	40									
Q3D	HEMORRHOIDAL PREPARATIONS	1,335	684									
Q3E	CHRONIC INFLAM. COLON DX, 5-A-SALICYLAT,RECTAL TX	310	146									
Q3H	HEMORRHOIDALS, LOCAL RECTAL ANESTHETICS	688	304									
Q3S	LAXATIVES, LOCAL/RECTAL	22,557	8,430									
Q4A	VAGINAL PREPARATIONS	65	58									
Q4B	VAGINAL ANTISEPTICS	81	28									
Q4F	VAGINAL ANTIFUNGALS	4,917	4,015									
Q4K	VAGINAL ESTROGEN PREPARATIONS	3,192	1,620									
Q4S	VAGINAL SULFONAMIDES	44	33									
Q4W	VAGINAL ANTIBIOTICS	1,275	1,140									
Q5A	TOPICAL PREPARATIONS,MISCELLANEOUS	308	91									
Q5B	TOPICAL PREPARATIONS,ANTIBACTERIALS	1,159	618									
Q5F	TOPICAL ANTIFUNGALS	87,127	37,726									
Q5H	TOPICAL LOCAL ANESTHETICS	20,048	6,094									
Q5K	TOPICAL IMMUNOSUPPRESSIVE AGENTS	11,590	6,529									
Q5N	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGNTS	305	233									
Q5P	TOPICAL ANTI-INFLAMMATORY STEROIDAL	68,538	32,556									
Q5R	TOPICAL ANTIPARASITICS	17,730	12,858									
Q5S	TOPICAL SULFONAMIDES	10,039	4,616									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
Q5V	TOPICAL ANTIVIRALS	4,240	2,829									
Q5W	TOPICAL ANTIBIOTICS	62,750	29,656									
Q5X	TOPICAL ANTIBIOTICS/ANTIINFLAMMATORY,STEROIDAL	157	102									
Q6A	OPHTHALMIC PREPARATIONS, MISCELLANEOUS	24	9									
Q6C	EYE VASOCONSTRICTORS (RX ONLY)	109	54									
Q6D	EYE VASOCONSTRICTORS (OTC ONLY)	226	159									
Q6G	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	47,108	6,826									
Q6H	EYE LOCAL ANESTHETICS	18	17									
Q6I	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	3,015	2,194									
Q6J	MYDRIATICS	1,683	853									
Q6P	EYE ANTIINFLAMMATORY AGENTS	9,368	4,128									
Q6R	EYE ANTIHISTAMINES	6,216	3,109									
Q6S	EYE SULFONAMIDES	6,312	5,592									
Q6T	ARTIFICIAL TEARS	28,579	7,571									
Q6U	OPHTHALMIC MAST CELL STABILIZERS	1,609	745									
Q6V	EYE ANTIVIRALS	143	99									
Q6W	OPHTHALMIC ANTIBIOTICS	30,583	22,515									
Q6Y	EYE PREPARATIONS, MISCELLANEOUS (OTC)	4,125	937									
Q7A	NOSE PREPARATIONS, MISCELLANEOUS (RX)	1,645	647									
Q7C	NOSE PREPARATIONS, VASOCONSTRICTORS (RX)	31	30									
Q7E	NASAL ANTIHISTAMINE	3,931	1,645									
Q7H	NASAL MAST CELL STABILIZERS AGENTS	67	45									
Q7P	NASAL ANTI-INFLAMMATORY STEROIDS	63,249	25,312									
Q7W	NOSE PREPARATIONS ANTIBIOTICS	188	137									
Q7Y	NOSE PREPARATIONS, MISCELLANEOUS (OTC)	3,915	2,313									
Q8B	EAR PREPARATIONS, MISC. ANTI-INFECTIVES	1,529	1,085									
Q8F	OTIC PREPARATIONS,ANTI-INFLAMMATORY-ANTIBIOTICS	5,376	4,223									
Q8H	EAR PREPARATIONS,LOCAL ANESTHETICS	6,043	5,660									
Q8R	EAR PREPARATIONS,EAR WAX REMOVERS	4,252	3,332									
Q8W	EAR PREPARATIONS,ANTIBIOTICS	13,671	11,185									
Q9B	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	29,206	4,236									
R1A	URINARY TRACT ANTISPASMODIC/ANTIINCONTINENCE AGENT	86,207	13,011									
R1B	OSMOTIC DIURETICS	4	3									
R1E	CARBONIC ANHYDRASE INHIBITORS	3,261	656									
R1F	THIAZIDE AND RELATED DIURETICS	83,933	16,322									
R1H	POTASSIUM SPARING DIURETICS	37,321	6,778									
R1I	URINARY TRACT ANTISPASMODIC, M(3) SELECTIVE ANTAG.	1,171	488									
R1L	POTASSIUM SPARING DIURETICS IN COMBINATION	45,673	7,888									
R1M	LOOP DIURETICS	261,387	40,413									
R1R	URICOSURIC AGENTS	642	111									
R1S	URINARY PH MODIFIERS	2,289	416									
R4A	KIDNEY STONE AGENTS	49	6									
R5A	URINARY TRACT ANESTHETIC/ANALGESIC AGNT (AZO-DYE)	6,379	4,817									
R5B	URINARY TRACT ANALGESIC AGENTS	848	206									
S2A	COLCHICINE	4,821	1,293									
S2B	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	257,118	81,893									
S2C	GOLD SALTS	67	9									
S2H	ANTI-INFLAMMATORY/ANTIARTHRITICS AGENTS, MISC.	86	67									
S2I	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	1,589	253									
S2J	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	3,390	514									
S2K	ANTI-ARTHRITIC AND CHELATING AGENTS	74	17									
S2M	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	72	12									
S2N	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	8	3									
S2P	NSAID, COX INHIBITOR-TYPE & PROTON PUMP INHIB COMB	199	59									
S7A	NEUROMUSCULAR BLOCKING AGENTS	97	39									
U6A	PHARMACEUTICAL ADJUVANTS, TABLETING	461	67									
U6C	THICKENING AGENTS, ORAL	70	40									
U6E	OINTMENT/CREAM BASES	625	280									
U6F	HYDROPHILIC CREAM/OINTMENT BASES	1,134	343									
U6H	SOLVENTS	6,038	2,086									
U6N	VEHICLES	22,762	4,064									
U6W	BULK CHEMICALS	6,494	1,833									
U7A	SUSPENDING AGENTS	86	30									
U7K	FLAVORING AGENTS	38	17									
U7N	SWEETENERS	72	24									
V1A	ALKYLATING AGENTS	1,705	371									
V1B	ANTIMETABOLITES	8,956	1,602									
V1C	VINCA ALKALOIDS	18	7									
V1D	ANTIBIOTIC ANTINEOPLASTICS	3	2									
V1E	STEROID ANTINEOPLASTICS	10,160	2,872									
V1F	ANTINEOPLASTICS,MISCELLANEOUS	4,468	750									
V1I	CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS	697	139									
V1J	ANTIANDROGENIC AGENTS	847	140									
V1N	SELECTIVE RETINOID X RECEPTOR AGONISTS (RXR)	14	3									
V1O	ANTINEOPLASTIC LHRH(GNRH) AGONIST,PITUITARY SUPPR.	160	60									
V1Q	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	755	176									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
V1T	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM)	5,323	753									
W1A	PENICILLINS	208,044	131,802									
W1C	TETRACYCLINES	33,351	17,478									
W1D	MACROLIDES	125,445	85,957									
W1E	CHLORAMPHENICOL AND DERIVATIVES	2	1									
W1F	AMINOGLYCOSIDES	4,350	1,390									
W1G	ANTITUBERCULAR ANTIBIOTICS	810	482									
W1J	VANCOMYCIN AND DERIVATIVES	5,453	1,341									
W1K	LINCOSAMIDES	10,158	7,481									
W1L	ANTIBIOTICS, MISCELLANEOUS, OTHER	26	11									
W1M	STREPTOGRAMINS	9	3									
W1N	POLYMYXIN AND DERIVATIVES	235	52									
W1O	OXAZOLIDINONES	778	424									
W1P	BETALACTAMS	188	63									
W1Q	QUINOLONES	99,205	49,335									
W1S	CARBAPENEMS (THIENAMYCINS)	1,231	316									
W1W	CEPHALOSPORINS - 1ST GENERATION	78,951	52,764									
W1X	CEPHALOSPORINS - 2ND GENERATION	17,563	13,069									
W1Y	CEPHALOSPORINS - 3RD GENERATION	42,584	29,457									
W1Z	CEPHALOSPORINS - 4TH GENERATION	624	175									
W2A	ABSORBABLE SULFONAMIDES	52,245	27,702									
W2E	ANTI-MYCOBACTERIUM AGENTS	1,205	300									
W2F	NITROFURAN DERIVATIVES	27,116	12,681									
W2G	CHEMOTHERAPEUTICS, ANTIBACTERIAL, MISC.	2,744	724									
W2Y	ANTI-INFECTIVES, MISC. (ANTIBACTERIALS)	3	2									
W3A	ANTIFUNGAL ANTIBIOTICS	16,169	10,529									
W3B	ANTIFUNGAL AGENTS	31,750	17,984									
W4A	ANTIMALARIAL DRUGS	25,650	5,070									
W4C	AMEBACIDES	18	18									
W4E	ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL AGENTS	16,967	12,962									
W4G	2ND GEN. ANAEROBIC ANTIPROTOZOAL-ANTIBACTERIAL	7	7									
W4K	ANTIPROTOZOAL DRUGS,MISCELLANEOUS	216	35									
W4L	ANTHELMINTICS	1,920	1,559									
W4M	ANTIPARASITICS	113	90									
W4P	ANTILEPROTICS	1,083	228									
W5A	ANTIVIRALS, GENERAL	15,085	8,019									
W5C	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITORS	3,608	415									
W5D	ANTIVIRAL MONOCLONAL ANTIBODIES	2,398	441									
W5F	HEPATITIS B TREATMENT AGENTS	312	46									
W5G	HEPATITIS C TREATMENT AGENTS	2,999	368									
W5I	ANTIVIRALS, HIV-SPECIFIC, NUCLEOTIDE ANALOG, RTI	1,802	337									
W5J	ANTIVIRALS, HIV-SPECIFIC, NUCLEOSIDE ANALOG, RTI	5,375	591									
W5K	ANTIVIRALS, HIV-SPECIFIC, NON-NUCLEOSIDE, RTI	3,420	546									
W5L	ANTIVIRALS, HIV-SPEC., NUCLEOSIDE ANALOG, RTI COMB	2,956	486									
W5M	ANTIVIRALS, HIV-SPECIFIC, PROTEASE INHIBITOR COMB	1,830	313									
W5N	ANTIVIRALS, HIV-SPECIFIC, FUSION INHIBITORS	232	34									
W5O	ANTIVIRALS, HIV-SPEC, NUCLEOSIDE-NUCLEOTIDE ANALOG	1,336	273									
W5P	ANTIVIRALS, HIV-SPEC, NON-PEPTIDIC PROTEASE INHIB	5	4									
W7B	VIRAL/TUMORIGENIC VACCINES	305	204									
W7C	INFLUENZA VIRUS VACCINES	2,225	2,174									
W7H	ENTERIC VIRUS VACCINES	4	3									
W7J	NEUROTOXIC VIRUS VACCINES	4	2									
W7K	ANTISERA	340	133									
W7L	GRAM POSITIVE COCCI VACCINES	2,117	2,073									
W7M	GRAM (-) BACILLI (NON-ENTERIC) VACCINES	5	5									
W7N	TOXIN-PRODUCING BACILLI VACCINES/TOXOIDS	77	76									
W7Q	GRAM NEGATIVE COCCI VACCINES	26	26									
W7T	ANTIGENIC SKIN TESTS	530	530									
W7Z	VACCINE/TOXOID PREPARATIONS,COMBINATIONS	82	78									
W8D	OXIDIZING AGENTS	310	140									
W8F	IRRIGANTS	4,404	1,442									
W8G	ANTISEPTICS,MISCELLANEOUS	23	13									
W8H	MOUTHWASHES	8	8									
W8J	ANTIBACTERIAL AGENTS,MISCELLANEOUS	3	1									
W8T	PRESERVATIVES	72	65									
W9A	KETOLIDES	817	729									
W9B	CYCLIC LIPOPEPTIDES	418	64									
W9C	RIFAMYCINS AND RELATED DERIVATIVE ANTIBIOTICS	168	73									
W9D	GLYCYLCYCLINES	10	2									
X2B	SYRINGES AND ACCESSORIES	1	1									
X5B	BANDAGES AND RELATED SUPPLIES	15	6									
Y0A	DURABLE MEDICAL EQUIPMENT,MISCELLANEOUS	21	10									
Z1G	DRUGS TO TX GAUCHER DX-TYPE 1, SUBSTRATE REDUCING	1	1									
Z2A	ANTIHISTAMINES	321,721	95,261	Jul-05	IBM	1,160	1,111	X				
Z2A	ANTIHISTAMINES	321,721	95,261	Jul-05	RetroDUR	696	643	X				
Z2E	IMMUNOSUPPRESSIVES	18,568	1,721									

ATTACHMENT 3.4 --continued-- RetroDUR Exceptions & Interventions

RETROSPECTIVE DUR CRITERIA				INDIANA MEDICAID RETRODUR PROGRAMS								
Thera Class Code	THERAPEUTIC CLASS DESCRIPTION (NOTE: Check all relevant boxes).	# CLAIMS	# Utilizers	Month	Program Type	# PT SCREEN-ED	# PT TAR-GETED	CA or PDL ED	OU	TA	GA	TD
Z2F	MAST CELL STABILIZERS	1,969	657									
Z2G	IMMUNOMODULATORS	1,760	1,036									
Z2H	SYSTEMIC ENZYME INHIBITORS	152	19									
Z2L	MONOCLONAL ANTIBODIES TO IMMUNOGLOBULIN E(IGE)	397	63									
Z2N	1ST GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	1,547	1,312									
Z2O	2ND GEN ANTIHISTAMINE & DECONGESTANT COMBINATIONS	47	38									
Z2P	ANTIHISTAMINES - 1ST GENERATION	106	89									
Z2Q	ANTIHISTAMINES - 2ND GENERATION	3,799	2,936									
Z2R	LEUKOCYTE ADHESION INHIB,ALPHA4-MEDIAT IGG4K MC AB	1	1									
Z4B	LEUKOTRIENE RECEPTOR ANTAGONISTS	77,053	17,105									
Z9A	UNCLASSIFIED DRUGS	13	7									
Z9A	UNCLASSIFIED DRUGS	110	83									

ATTACHMENT 3.5 RetroDUR Interventions Performed – Description

The following information is a year-end summary description of RetroDUR activities that were approved by the DUR Board and performed by ACS through the following RetroDUR program types: standard RetroDUR programs and IBM (phone calls to prescribers). TAI (therapeutic academic interventions or face-to-face physician visits) was stopped in FFY 2005 under negotiation of a new contract.

(Note: Not all RetroDUR criteria and initiatives include cost savings. Quality of care initiatives may actually increase pharmacy costs, while reducing the use of other resources, such as medical expenditures, and improving the quality of life of the participant).

FFY 2005 RetroDUR Interventions

Month	Intervention Name	IBM	Retro DUR	Intervention Description
Oct 2004	Poly-Pharmacy with Controlled Substances	X	X	Patients included in this review had received **Intervention Controlled Substances From More Than 3 Pharmacies In 90 Days.** After reviewing recipient medication profiles, the IBM/RetroDUR pharmacist contacted the prescribing physicians to discuss.
Nov & Dec 2004	No Intervention Approved by DUR Board			No RetroDUR intervention was approved in either November or December 2004.
Jan 2005	High Utiliizers	X		Patients included in this review had received continuous therapy of greater than 20 different drugs (molecular entities) each month. After reviewing recipient medication profiles, the IBM/RetroDUR pharmacist contacted the prescribing physicians to discuss one or more of the following issues: drug dosing, duplicate therapies, over-utilization, and inappropriate drug therapy. If a patient were prescribed multiple agents, phone calls/visits/mailings were made to review patients' care.
Feb 2005	High Utiliizers	X		Patients included in this review had received continuous therapy of greater than 20 different drugs (molecular entities) each month. After reviewing recipient medication profiles, the IBM/RetroDUR pharmacist contacted the prescribing physicians to discuss one or more of the following issues: drug dosing, duplicate therapies, over-utilization, and inappropriate drug therapy. If a patient were prescribed multiple agents, phone calls/visits/mailings were made to review patients' care.
May 2005	Exceeding Max Duration with Low Molecular Weight Heparin		X	Patients included in this review had received continuous therapy of low molecular weight heparin exceeding the maximum duration. The IBM/RetroDUR pharmacist contacted the prescribing physicians to discuss switching patients off low molecular weight heparin.
June 2005	Preventative use of ACE Inhibitors in Diabetics	X	X	Patients included in this review were diabetic patients over 55, with one or more cardiovascular risk factors, not receiving ACEIs or ARBs. The IBM/RetroDUR pharmacist contacted the prescribing physicians to discuss adding an ACE inhibitor to the diabetic patients' drug therapy regimen.
July 2005	Switch from Non-PDL Allegra to PDL Alternatives	X	X	Patients included in this review were taking Allegra (which had been preferred but became non-preferred). The IBM/RetroDUR pharmacist contacted the prescribing physicians to discuss switching patients from non-preferred Allegra to preferred alternatives.
Aug & Sep 2005	No Intervention Approved by DUR Board			No RetroDUR intervention was approved in either November or December 2004.

Attachment 4
Summary of DUR Board Activities

ATTACHMENT 4. SUMMARY Of DUR BOARD ACTIVITIES

A. Indicate the number of DUR Board meetings held.

A. DUR Board meetings are held monthly. Twelve meetings were held during FFY 2005.

B. List additions/deletions to DUR Board approved criteria.

1. For prospective DUR, list problem type/drug combinations added or deleted.

The DUR Board worked on two major initiatives for the Pro-DUR criteria.

(1) Some Pro-DUR Edits reverted from hard edits requiring PA back to overridable (soft edits) by the pharmacist -- The DUR Board adopted changing some ProDUR criteria from non-override able (hard) ProDUR edits requiring PA to override able (soft) ProDUR edits. For example, two ProDUR edits that changed to soft edits in June 2004 were: TD and HD.

(2) Some Quantity Limits were added to certain PDL therapeutic classes – The DUR Board established quantity limits as part of their continued review of the PDL program & continued efforts to encourage rational drug use and prescribing. For example, if an IN dispensing pharmacist attempted to fill certain medications with more quantity than was allowed under Prospective Therapeutic Appropriateness quantity limit rules, the ProDUR alert would reject the claim, notifying the dispensing pharmacist of the limit. The dispensing pharmacist could then call for a PA if there were medical justification on why the higher quantity was needed, or the pharmacist could dispense the quantity limited by the ProDUR Quantity Limit edit.

(See Attachment 4.1 for DUR Board-approved ProDUR criteria modifications).

2. For retrospective DUR, list therapeutic categories added or deleted.

See Attachment 4.2 for additions and deletions of DUR Board-approved RetroDUR criteria.

C. Describe Board policies that establish whether and how results of prospective DUR screenings are used to adjust retrospective DUR screens. Also, describe policies that establish whether and how results of retrospective DUR screenings are used to adjust prospective DUR screens.

The OMPP had just completed consolidation of the contractors responsible for each function of claims processing, ProDUR and RetroDUR analyses and interventions. In FFY2005, the OMPP decided to return back to EDS for claims processing and use ACS for its clinical functions. ProDUR screenings from ACS stopped when claims processing transferred to EDS on Sept. 25, 2005.

Analyses of both ProDUR and RetroDUR edits and criteria have always been used by the OMPP and the DUR Board to help establish new cost-containment initiatives. It has been standard practice by the OMPP and DUR Board to expect that the contractor would

ATTACHMENT 4 -- continued –

develop and present innovative ideas on cost containment and therapeutic appropriateness through DUR program efforts. The OMPP and ACS State Healthcare conducted less RetroDUR interventions in FFY 2005, which resulted in a drop in RetroDUR savings from $2.3 million in FFY 2004 to $1.61 million in FFY 2005.

D. Describe any policies used to encourage the use of therapeutically equivalent generic drugs. Include relevant documentation, if available, as ATTACHMENT 5.

The State of Indiana has a mandatory generic substitution statute. Indiana regulation was also added to require Prior Authorization for prescriptions written as "Brand Medically Necessary" when generic substitution is possible.

See Attachment 5 for specific descriptions & relevant documentation.

E. Describe DUR Board involvement in the DUR education program (e.g., newsletters, continuing education, etc). Also, describe policies adopted to determine mix of patient or provider specific intervention types (e.g., letters, face to face visits, increased monitoring).

The DUR Board set the types and quantities of DUR interventions.

FFY 2005 included a prior authorization program due to excessive overrides of certain ProDUR alerts, especially early refill.

A comprehensive PDL Program was implemented and re-reviews began. The goals of the PDL program were to improve quality of care while conserving Program expenditures.

Provider bulletins and DUR Board Newsletters were reviewed and approved notifying prescribers and pharmacists about the programs.

IBM and Regular RetroDUR letter educational interventions were also reviewed and approved by the DUR Board.

Attachment 4.3 contains meeting minutes highlighting involvement in DUR education.
Attachment 4.4 contain DUR Board Newsletters & relevant Provider Bulletins and Banners.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2005

Attachment 4.1 PROSPECTIVE DUR CRITERIA CHANGES

CHANGES WERE FROM OVERRIDES TO PRIOR AUTHORIZATION (PA) REQUIRED

*Implementation Dates of Pro-DUR Criteria now Requiring PA

The DUR Board Adopted ProDUR Criteria Changes Listed Below by Problem Type

INAPPROPRIATE DOSE (HIGH DOSE)	THERAPEUTIC DUPLICATION	DRUG ALLERGY INTERACTION
1. **All Drugs except** Hydrocod/APAP, Oxycod/APAP; Oxycodone *****(3/28/03) - (Changed to soft overridable edit in June 2004)	1. **Thera.Dup**. See Table 1.B for Drug List *(7/22/03) - Changed to soft overridable edit in June 2004)	1.
2.	2.	2.
3.	3.	3.

INAPPROPRIATE DURATION	DRUG/ DRUG INTERACTIONS	DRUG DISEASE CONTRAINDICATION
1. **Early Refill *** (7/1/02)	1. **DD Severity Level 1 *** (1/15/03)	1.
2. **34-Day Supply for Non-Maintenance ***(7/1/02)	2.	2.
3.	3.	3.

OTHER *(specify)*	OTHER *(specify)*	OTHER **GENERIC APPROPRIATENESS** *(specify)*
1.	1.	1. **Brand Medically Necessary Indication ***(8/20/01)
2.	2.	2.
3.	3.	3.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2005

Attachment 4.2 RETRO-DUR CRITERIA CHANGES (& ADDITIONS)

NOTE: All Therapeutic Academic Detailing interventions were dropped in FFY 2005.

INAPPROPRIATE DOSE (HIGH DOSE)

1. NONE
2.
3.
4.
5.
6.
7.
8.

THERAPEUTIC DUPLICATION

1. NONE
2.
3.
4.
5.
6.
7.
8.

OVERUTILIZATION

1. **Low Molecular Weight Heparin**
2. **PolyPharmacy w/ Narcotics & Contrlled Sub**
3. **High Utilizers**
4.
5.
6.
7.
8.

INAPPROPRIATE DURATION

1. **Triptans & Max Qty Limits**
2.
3.
4.
5.

DRUG / DRUG INTERACTION

1. NONE
2.
3.
4.
5.

DRUG / DISEASE CONTRAINDICATION

1. NONE
2.
3.
4.
5.

OTHER: COST APPROPRIATENESS
SPECIFY

1. **Allegra & PDL Switches**
2.
3.
4.
5.
6.

OTHER: THERAPEUTIC APPROPRIATENESS
SPECIFY

1. **Preventive Use of ACE Inhibitors in Diabetes**
2. **Triptans & Max Qty Limits**
3.
4.
5.
6.

OTHER: GENERIC APPROPRIATENESS
SPECIFY

1.
2.
3.
4.
5.
6.

FOR EACH PROBLEM TYPE, LIST (DRUGS / DRUG CATEGORY / DISEASE COMBINATIONS) FOR WHICH DUR BOARD CONDUCTED IN-DEPTH REVIEWS. PLEASE INDICATE WITH AN ASTERICK THOSE FOR WHICH CRITERIA WERE ADOPTED.

INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2005

ATTACHMENT 4.3

INDIANA DUR BOARD CONDENSED MEETING MINUTES

October 2004 – September 2005

October 2004

REMARKS FROM THE CHAIR: Dr. Wernert mentioned the new prescribing guidelines concerning SSRIs in children. Dr. Irick added that there was also a black box warning and technical inserts. Dr. Wernert also wanted to be sure all were aware of Merck's withdrawal of Vioxx® from the market

ACS UPDATE: PA Statistics: Dr. Jason Crowe, ACS, presented the Prior Authorization statistics for September.

MANAGED CARE ORGANIZATION UPDATE: John Barth, Managed Care Director, OMPP, had several managed care issues to discuss with the Board. The first was the PL228 Report, a comparison of the MCO preferred drug lists and a prior authorization activity report. The second issue was the 2004 Hoosier Healthwise Primary Medical Provider study. The last was a member satisfaction survey across all the plans. Mr. Barth addressed the Board's request for additional information on the PA process and how it worked in all the health plans. He stated that PAs were always approved across the three plans by a registered nurse or pharmacist and if any denials occurred, they were always forwarded to a medical doctor. He added that drugs would be added to the PDL through the P and T Committee, not unlike the fee-for-service process.

Larry Harrison, R.Ph., Managed Health Services, explained the format of the document. The first half of the report contained those medications with no clinical edits while the last half were those medications that had clinical edits, such as age limit, quantity limit, step therapy and PA. Ms. Rhonda Heroit, Harmony Health Plan, presented their proposed 2005 PDL. Dr. Karen Amstutz from MDWise presented the PDL for 2005. Larry Harrison, R.Ph., Managed Health Services, presented the PDL for 2005.

Board Questions: Dr. Irick asked about meperidine on the MHS and MDWise PDLs with no restriction on quantity limits. He commented that nearly 80% of hospitals nationwide had either restricted its use or taken it completely off their formularies because of the risk of neurotoxicity and seizure over 600mg per day. Mr. Harrison replied that he would take this back to MHS's November P & T Committee for drug utilization review.

Dr. Irick reiterated that generic name should be used instead of brand name. He asked if there were clinical edits for patients on medications requiring labs tests. Dr. Wernert suggested that it was up the physician to be familiar with clinical guidelines.

Dr. Lindstrom followed up with a question to Mr. Harrison concerning osteoporosis agents. There was nothing on the MHS formulary for osteoporosis. Mr. Harrison replied that the medications did require PA and he would take that concern back to the November P & T Committee for drug utilization review. Dr. Lindstrom had questions regarding the follow-up surveys for all the MCOs.

ATTACHMENT 4.3 --continued--

Why did MHS have a 32.5% rejection rate? The other two formularies were about 8% and MHS appeared to have had a very high denial rate.

Public Comment: Ms. Cooney, a representative of the 3000 members of the National Alliance for the Mentally Ill in Indiana (NAMI), expressed concern with restricting the access of medication for the mentally ill by managed care plans. This action could increase other healthcare cost such as hospitalization, doctor visits, etc. Medication used for persons suffering from a type of mental illness cannot be treated with any one type of medication. NAMI asked that the fail-first policies be prohibited by managed care plans. In addition she asked that Medicaid managed care plans provide unrestricted assess to mental health medications for people with mental illnesses. She provided handouts from CMS that indicated they were advising Medicaid officials to adopt measures that would not restrict psychiatric medications. Dr Irick commented that every patient was on a fail-first kind of system; the act of conducting a trial, failing it, and trying another drug is the art of medicine. He offered that the purpose of the PA system was to prevent doctors from prescribing the newest, most expensive medications first when the older, less costly medications might work just as effectively and to get prescribers to think of the effectiveness of the regimen by the cost effectiveness as well.

Mr. Kempf, a volunteer with the National Alliance for the Mentally Ill in Indiana, member of the Medicaid Managed Care Task Force, had concerns in four areas. (1) Was the MCO a PA approval process? (2) Why was there a lack of consistency between some of the MCOs with the PDL? (3) Was there a lack of understanding of the MCO process by Healthcare providers? (4) What were the problems consumers faced when attempting to have a prescription filled that required a PA process. He was concerned about the consistency of the three MCOs. The PDL had different layouts and he felt that all should consist of the medications most commonly used. He felt the lack of understanding by the Healthcare providers, psychiatrists and others of the process was due to information not getting through. Dr. Wernert stated that when a complaint was received, NAMI could help the practitioner understand the process, including the appeal process. Dr. Irick suggested that Mr. Kempf be an advocate and help to assist the patient. Mr. Kempf felt the people that created the system should be responsible for educating the people using the system.

Dr. Darrell Kaelin, a community physician, observed that the Actiq® or transmucosal fentanyl was not on the formulary and the other formulation was and asked why it had been removed/restricted from the PDL for Medicaid. Dr. Wernert advised Dr. Kaelin to discuss the PDL restriction placed on Actiq® at the Therapeutic Committee in November. It was also the appropriate forum to discuss non-approved uses for the medication. The Committee would be reviewing new information on Actiq® at that time.

Board Discussion: Ms. Bella stated that the Office had been working with the ISMA to do a series of newsletters regarding the preferred drug list process - the PDL, the Therapeutics Committee, the peers and the DUR Board and the PA process.

Board Action: The Harmony Health Plan PDL for 2005 and MDWise Health Plan PDL for 2005 were passed. The Managed Health Services PDL for 2005 was passed with the suggested changes. The MCO Prescription Drug Program Report would be forward to the legislature.

ATTACHMENT 4.3 --continued--

LIAISONS WITH OTHER BOARD: Dr. Irick brought up the subject of the use of amantadine for people at risk who could not get a flu shot due to the shortage. He asked if Medicaid was going to have a policy in place to address the flu shot shortage. Dr. Wernert stated that it was a Board of Health Issue and asked for a liaison report. Dr. Lindstrom stated there was nothing to report.

PUBLIC COMMENT: Wanda Anderson, Roche Laboratories, reported there was a severe flu vaccine shortage and requested the Board consider temporary removal of the prior authorization on Tamiflu® for seasonal prophylaxis of the flu. Dr. Irick asked if this request should not go before the Therapeutics Committee. Dr. Irick suggested using the next newsletter to get the word out to physicians whose at-risk patients who did not receive the flu vaccine, to educate them to the symptoms and the need to seek medical care within the first 48 hours. Dr. Wernert agreed that was a reasonable course of action and the Board would proceed with the newsletter.

November 2004

MEETING CALLED TO ORDER: Dr. John Wernert recognized Dr. Michael Sha, Chairman of the Therapeutics Committee, standing in as liaison for Brian Musial.

MANAGED CARE ORGANIZATION UPDATE: John Barth, Managed Care Director, OMPP recapped the two-month plan for implementation of new MCOs for the contracting period beginning January 01, 2005. The incumbent MCOs presented their PDL lists for Board approval at the October's meeting. This month's meeting was reserved for presentations from the new plans to the market.

Mr. Barth introduced Jon Keeley from CareSource. Mr. Keeley presented some key features of their PDL. They utilized Express Scripts as their PBM, allowing their P & T Committee to do the initial data review for the PDL. This was then reviewed by the Quality of Care Committee at CareSource and modified based on the needs of the State. Going forward, they would be creating a committee within the State of Indiana for additional oversight of the Indiana PDL. They had step therapy prior authorization programs on three major classes. All OTCs were covered when written on a prescription. Any drug that fell outside the PDL required prior authorization, which would be entered as long as there had been a prior trial use of a PDL agent. Their facility had an on-site call center and all PAs were completed within 48 hours.

Dr. Wernert asked for clarification that anything listed was available without prior authorization. Mr. Keeley answered that the comments column included exclusions, such as anything exceeding $1,500, injectables, drugs associated with specific disease states (growth hormones) required PA to insure the patient was in case management, and some drugs had an age restriction, such as ADD/ADHD drugs for ages over 18. He added that CareSource used Express Script's standard quantity limits list to edit at the pharmacy point-of-sale to screen for over-utilization, high dose, or billing errors.

Dr. Eskew asked about the call center hours of operation. Mr. Keeley said the call center was open 8 a.m. till 6 p.m. EST. After-hour calls routed to their triage-nursing center, which paged him to handle them on a case-by-case basis. Dr. Eskew then asked why there were no bone drugs

ATTACHMENT 4.3 --continued—

on their PDL, except for Evista® which was listed as hormone replacement. Mr. Keeley replied that he classified drugs based on Fact and Comparison's major subheadings. He stated he would look for that.

Ms. Perry asked about an emergency fill procedure. Mr. Keeley answered that they had a 72-hour fill policy and Ohio did about 350 emergency fills per month.

Board Action: The Board approved The CareSource Preferred Drug List.

Mr. Barth then introduced Benjamin Schatzman, corporate pharmacy director with Molina Health Care. They used PDLs that were customized for each state, overseen by their own Pharmacy and Therapeutics Committees which met quarterly to review literature and update the PDLs. He stated that quantity limits and prior authorization requirements were made comparable to what other MCOs in Indiana were doing. He added that drug not on the list required prior authorization.

Ms. Perry asked what the term "package C numbers" meant and why OTCs were excluded. Ms. Schatzman replied that it referred to the CHIP Program, that traditionally across the country OTCs were not part of that benefit.

Dr. Mychaskiw asked for clarification on how Molina handled the prior authorization requests. Mr. Schatzman answered that Molina used a pharmacy benefit manager for electronic claims processing with a help desk that was open 24-hours a day. Prior authorizations were handled on-site by the plan via fax during business hours. Their plan allowed an emergency 72-hour supply to be dispensed after hours, with approval granted later during business hours, for online adjudication.

Dr. Wernert asked why all second-generation antipsychotics and acetyl cholinesterase inhibitors for dementia required prior authorization. Mr. Schatzman replied that the concern was to insure the antipsychotics were used for FDA-approved indications consistent with the manufacturer's labeling or peer-reviewed medical literature for off-label uses.

Mr. Wilson asked if physicians were required to give the journal citation when requesting approval for off-label use of an agent. Would someone then go and read the article? He asked if they did not keep up with the literature themselves. Mr. Schatzman said they did their best to keep up with the literature, and would build it into their prior authorization criteria any time the literature recognized an off-label use as a commonly accepted practice.

Dr. Ceh asked if Molina had the ability to tag claims by prescriber specialty to pay for certain criteria. Mr. Schatzman answered that as they built their provider network in terms of certain subspecialties, they had the ability to create a list of network physicians by DEA number that would allow prescriptions to adjudicate for specific criteria. Dr. Ceh stated she had a problem with the macrolide antibiotics having only erythromycin on the PDL, forcing everybody to take erythromycin base first. Mr. Schatzman replied it was due to over-utilization of Z-Pak® as a first-line agent that Zithromax® and Biaxin® were not on the list. They encouraged the use of other antibiotics, such as amoxicillin or penicillin as well as erythromycin, as first-line choices based on the disease being treated. When questioned about penicillin allergies, he responded that they had a nationwide policy of responding to requests within one business day. Antibiotic got top priority

ATTACHMENT 4.3 --continued—

so that type of request would be approved immediately. He added that they accepted requests from both prescribers and pharmacist when they had all necessary information. They could actually do them over-the-phone in many cases.

Dr. Mychaskiw commented he thought the policy of having all PDL alternatives demonstrate ineffectiveness before approving non-PDL agents seemed overly restrictive, especially the policy that required all prescriptions over $300.00 to have prior authorization. Mr. Schatzman said the $300.00 limit was set to catch out-of-the-ordinary doses and to trigger a screening for enrollment of members in a case management type of program for complex medical conditions.

Dr. Wernert replied that it was not common practice in Indiana. He asked, since there was not a P & T Committee in Indiana yet, what group generated the PDL he presented. Mr. Schatzman replied that the list of drugs came from their PBM's national advisory board for all their states. It was then reviewed at the plan level before being sent to each state for review by their P & T Committees. Dr. Wernert informed him that the Board was very familiar with all the current PDLs in use in Indiana and that his list was not compatible with them. Dr. Wernert replied that, representing the providers; the Board had a great concern about using lots of PAs as a way of monitoring the control of their PDL.

De. Ceh asked if he knew what Molina's patient load would be staring out. He answered that like the other plans, they were trying to build a provider network. Mr. Barth clarified that all primary care doctors had to contract with the health plan and the members on that plan. All contracts were going to be up for grabs at the end of December when the current contracts expired.

Dr. Lindstrom noted a count of PAs on the Molina PDL was well over 76 PAs and that the most restrictive existing MCO plan had 41 with the other two down at 35 and 34, which quantified what Dr. Wernert had suggested in reference to the restrictive issue. Mr. Schatzman reiterated he felt this was due to their use of PAs instead of step therapies. Dr. Wernert and Dr. Ceh commented that electronic step therapy was easier for the doctors and pharmacists to deal with than PAs. Dr. Wernert asked if the Board did not approve Molina's PDL, would there be time to look at a retooled version at the December meeting. Mr. Schatzman said anything was possible but asked that the Board to put their PDL requested changes into writing.

Board Action: The request to table Molina's request for PDL approval until the December DUR Board meeting was passed. Discussion on specific changes requested was entertained. The Board requested that it be compatible with the other PDLs available, to revisit the issue of step-edits where drugs are listed as second-line agents, to eliminate the $300.00 cap limit, and to change the overall restrictive tone of the language.

Lastly, Mr. Barth introduced Mike Medel, corporate pharmacist for Amerigroup Corporation. Mr. Medel introduced Steve Brody, market pharmacist with Amerigroup, who was there to assist with questions. He explained that Caremark was their PBM for claims adjudication, network processing and rebate administration. Amerigroup had its own national Pharmacy and Therapeutics Committee. They operated a centralized call system, open from 8:00 a.m. to 7:00 p.m. Monday through Friday and on Saturday from 10:00 a.m. to 2:00 p.m. Clinical nursing staff covered all other hours with the ability to view overrides 24/7. He commented that the Amerigroup PDL utilized a lot of step-therapies to make the process as easy as possible for the

ATTACHMENT 4.3 --continued—

provider.

Board Questions: Dr. Lindstrom asked why Zovirax® was the only anti-viral listed. Mr. Medel replied that due to the flu vaccine shortage, amantadine was now covered and that there had been some recent changes made by the P & T Committee. He thought they had added Valtrex® to the PDL. He promised to get those changes to the Board.

Mr. Wilson asked about turn-around time for PA requests for agents that could only be legally prescribed by approved providers. Mr. Medel responded that PA requests were turned around immediately; they would just make sure that the provider had the appropriate credentials. He explained that this was not an automated process at point-of-sale, since they did not have a crosswalk to distinguish those special DEA numbers from all the other DEA numbers.

Dr. Wernert asked if in his experience, step-therapy protocols had been effective and if all ADHD drugs required PAs. Mr. Medel replied that he found step-therapy was a very effective way to manage drug classes. He added that ADHD drugs are only PA'd for patients over age 20, for children they were all on the PDL. Dr. Wernert asked if Amerigroup would be willing to sharing their PDL with Molina

Board Action: The preferred drug list from Amerigroup was passed by the Board.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dr. Natalie Chang-Mitchem, clinical information pharmacist, ACS, took the Board through a PowerPoint presentation of the Therapeutics Committee recommendations from their November 5th, 2004 meeting. She informed the Board that supplemental rebate information was included in the PDL deliberations and decisions were based on clinical information, drug cost and total program cost/quality of care. The Committee reviewed seven therapeutic classes and offered the following recommendations. The Board discussed and acted on each class individually.

CNS Agents:

- Antiemetics - Move Kytril® to non-PDL with a limit of ten tablets per month
- Brand Name Narcotics
  - Add Kadian® to the PDL.
  - Move generic oxycodone extended release 80 mg to non-PDL
- COX-II Inhibitors - Maintain the current PDL status.
- Brand NSAID/PPI Combinations - Maintain the current PDL status.
- Skeletal Muscle Relaxants - Maintain the current PDL status.
- Smoking Deterrent Agents - Add Nicoderm® CQ patches, Nicorette® gum, and Zyban® to the PDL.

Liaison Comment: Dr. Sha stated the Therapeutics Committee tried to keel the PDL as broad as possible to allow providers to have as much flexibility as possible with the PDL. Some changes were made based on the supplemental rebates offered.

Board Comment: Dr. Wernert asked what the Committee's reason was for moving the oxycodone off the PDL. Dr. Sha answered that there was only one generic currently on the market. The recommendation was based on the cost compared to Oxycontin

ATTACHMENT 4.3 --continued—

Dr. Lindstrom asked if removing Kytril® from the PDL was based on clinical information or cost. Dr. Sha replied that it was based on a cost consideration. The Committee felt there was sufficient coverage in the category.

Public Comment: Sherry O'Bryant, medical liaison with Roche Laboratories, spoke on behalf of Kytril® remaining on the PDL. She referenced two studies that showed oral Kytril® was equally efficacious to the Zofran® IV formulation, but Kytril® caused less dizziness and blurred vision. She pointed out that Kytril® had no cardiovascular warnings/precautions like the PDL alternatives and did not require a dose adjustment in hepatic or renal patients. She summarized the dose of Kytril® was easy, convenient, and once daily. There were no significant drug interactions current know and the oral regimen was as efficacious as the IV regimen.

Dermatological Agents:

- Acne Agents - Maintain the current PDL status.
- Antipsoriatic Agents - Maintain the current PDL status.

Endocrine Agents:

- Antidiabetic Agents
  - Add Fortamet® to the PDL.
  - Move Prandin® to non-PDL.
  - Change the step edit for Avandamet® to be consistent with the step edit for other combination products (patients must fail one of the agents in the combination within the past 42 days).
- Thiazolidinediones
  - Add Avandia® 2mg to the PDL.
  - Change limit for all agents to 34 tablets per month.
  - Change step edit to include that patients must fail metformin or a sulfonylurea within the previous six weeks before receiving a TZD.
- Bone Suppression Resorption Agents/SERMs
  - Move Actonel® to non-PDL.
  - Add Micalcin®
- Forteo® - Maintain the current PDL status.

Liaison Comment: The Committee felt there was variation in the literature in terms of outcome measures for Actonel® and Fosamax®. They felt the outcomes were fairly equivalent between these two products. Even though there was some data suggesting Actonel® daily dosing had a little better GI tolerability, the data did not support this for the weekly dosing, which was where the largest market share was. The committee was aware that shifting market shares within this group could cause inconvenience within the provider community, but that the cost savings that resulted from these changes would be quite significant.

Board Comment: Dr. Eskew asked if all dosages of Actonel® were to be removed from the PDL. Dr. Sha replied that was correct and the decision was made based on supplemental rebates. The two main products in the class submitted mutually exclusive rebates. Dr. Lindstrom asked

ATTACHMENT 4.3 --continued—

what mutually exclusive meant. Dr. Sha answered that the supplemental rebate offered by both the manufacturers of Actonel® and Fosamax® would be provided only if the other agent was removed from the PDL.

Public Comment: Lisa Goetz with Procter & Gamble Pharmaceuticals spoke on behalf of Actonel® remaining on the PDL. She said that cost considerations needed to include the costs of fractures and adverse events. Actonel® was the only agent that showed rapid vertebral and vertebral reductions, showing full skeletal protection in early osteoporosis treatment.

Dr. Allen Goldberg, regional medical director-Merck & Company, spoke on behalf of Fosamax®. He sited a head-to-head study comparing Fosamax® and Actonel®. He said the study showed Fosamax® efficacy was superior. Tolerability was comparable between the two agents (both the once daily and the once weekly formulations). He added that Fosamax® was the only agent labeled to reduce hip fractures.

Board Discussion: Dr. Sha provided additional input for the Bone Suppression Resorption Agents/SERMs in terms of the cost issue. The supplemental rebates offered by both the manufacturers were in the order of 30-40%. Dr. Sha clarified that both manufacturers submitted exclusive supplemental rebate offers as well as one-of-two offers..

Dr. Eskew commented that he saw no problem with approving both and studying the results after six months. Dr. Sha asked the Board to send it back to the Therapeutics committee for further discussion.

Gastrointestinal Agents:

- Proton Pump Inhibitors
  - Add Nexium to the PDL with the step edit (failure of a H_2 antagonist or Prilosec OTC) and quantity limit (1 capsule per day).
  - Add Zegerid® to non-PDL.
- H_2 Receptor Antagonists
  - Maintain Axid® Suspension as PDL neutral until cost and utilization are available.
  - Add Fluxid® to non-PDL.
- H. pylori Agents - Maintain the current non-PDL status.

Liaison Comment: Dr. Sha said Nexium® was added to the PDL due to a very competitive supplemental rebate.

Board Comments: Dr. Treadwell asked for an explanation of PDL neutral. Dr. Mitchem responded that PDL neutral meant available with open access to providers until the Committee decided the status.

Public Comment: Todd Lacksonen and Pat Nolan with Tap Pharmaceuticals requested the Board consider the use of Prevacid® Solutab instead of the Prevacid ® Suspension as the PDL agent for children under 12.

ATTACHMENT 4.3 --continued—

Dr. Wernert asked if this information had been presented to the Therapeutics Committee. Mr. Lacksonen responded that an in-service had been given on Prevacid® Solutab. Dr. Sha replied that the Committee had questions about the performance of the product based on the demonstration. Dr. Mitchem added that the representative did not present the recommendation to essentially switch out the Prevacid® Suspension for the Solutab. When the Committee looked at the rough numbers it was less expensive for the Solutab.

Dr. Wernert suggested sending it back to the Committee for study. Dr. Sha said they would be reviewing it again in six months. The recommendation was based primarily on the fact that the product did not perform well. Dr. Wernert asked if a financial offer was made. Mr. Lacksonen answered that the financial offer was the same for both products.

Dr. Lindstrom asked about the recommendation for Nexium®. Dr. Sha answered that the supplemental rebate offer made Nexium® equivalent to the other PDL step-edit products and gave prescribers more flexibility in treating PUD and GERD without increasing cost to the Medicaid program. There might even be cost saving associated with a decrease in PAs.

Genitourinary Agents:

- BPH Agents - Maintain the current PDL status.
- Urinary Tract Antispasmodics.
    - Add Urispas® to the PDL.
    - Add Sanctura® to non-PDL.

Hematological Agents:

- Hematinics and other - Maintain the current PDL status.
- Heparin and Related Products - Maintain the current PDL status.
- Leukocyte Stimulants - Maintain the current PDL status.
- Platelet Aggregation Inhibitors - Add Aggrenox® to the PDL.

Topical Agents:

- Eye Antihistamine/Mast Cell Stabilizers
    - Add Optivar® to non-PDL.
    - Remove step-edit from Zaditor® and Patanol®.
- Glaucoma Agents - Maintain the current PDL status.
- Topical Estrogen Agents - Maintain the current PDL status.

Liaison Comment: Dr. Mitchem added that a representative from Roche presented a recommendation to temporarily add Tamiflu® to the PDL until the end of the flu season through the end of March 2005 due to the flu vaccine shortage. The Committee agreed.

Board Action: The Board approved all recommendations with the exception of the Bone Suppression Resorption Agents/SERMs . Actonel ® was to be sent back to the Therapeutics Committee for further discussion and Miacalcin was added to the PDL.

ACS UPDATE: PA Statistics: Dr. Jason Crowe, ACS, presented the Prior Authorization statistics October. He pointed out that the effect of the Vioxx® withdrawal was an increase in the number of PAs issued for brand NSAIDs and COX-II inhibitors.

ATTACHMENT 4.3 --continued--

POINT OF ORDER: The Board recessed for five minutes then Dr. Wernert called the Board back to order. He recognized the fact that the Board erred in having discussions concerning percentages of rebates and dollar amounts. He stated that it was inappropriate and would not happen again.

OLD BUSINESS: Dr. Wernert recognized Dr. Sha regarding letter he sent to the Board. Dr. Sha explained the letter sent by the Therapeutics Committee expressing their concerns to the Board regarding its decision at its September meeting regarding Xopenex® and asked the Board to reconsider its decision to add it to the PDL without limits.

Board Action: Dr. Ceh moved to have the Therapeutics Committee reconsider Xopenex® at their next meeting and report back to the Board in December.

NEW BUSINESS: Dr. Wernert presented the nominating committee report for the election of next year's officers, Brian Musial as Chairman and Dr. Philip Eskew as Vice Chairman. Both were approved by the Board.

December 2004

THERAPEUTICS COMMITTEE LIAISON REPORT: Dr. Sha presented the recommendations from the Therapeutics Committee's special meeting, held December 10th, 2004. He deferred to Dr. Crowe, ACS, for the PowerPoint presentation of the Therapeutics Committee recommendations from their December 10th, 2004 meeting. He informed the Board that the Committee based those decisions on clinical information, drug cost and total program cost/quality of care. The Committee reviewed two therapeutic classes and offered the following recommendations. The Board discussed and acted on each class individually.

Endocrine Agents:

- Bone Suppression Resorption Agents/SERMs
  - Add Actonel® to non-PDL.
  - Add all dosage forms of Fosamax® to the PDL.

Liaison Comment: Dr. Sha stated the Committee heard a lot of testimony regarding this and individual members of the Committee did their own research as well. They felt clinical profiles for Actonel® and Fosamax® were very equivalent, not only their clinical indications but also their side effect profiles as well. They felt they would best serve the interests of the State as well as patients by utilizing the supplemental rebates to the maximum and were recommending Fosamax as the preferred agent in the class.

Board Comment: Mr. Musial commented he would like to see the term "exclusive" removed from the language because Evista® was also in the same class of bone disorder products as a SERM. The language should read "Add Actonel® to the non-PDL making Fosamax® (all dosage forms) the PDL agent". Dr. Irick asked to call this class the "Bone Resorption Suppression Agents" because they suppress the absorption not the bone. Dr. Eskew asked if this recommendation was totally based on supplemental rebates. Dr. Sha clarified that the Committee found the clinical and side effect profiles of the two medications were very similar, including the

ATTACHMENT 4.3 --continued--

gastrointestinal side effect profile. Mr. Musial replied that when efficacy and side effects were similar, the final determination in product selection was probably made on price.

Public Comment: Dr. Goldberg, Ph.D., Regional Medical Director for Merck, presented new data from a head-to-head comparison of two clinical trials that evaluated prospectively changes in bone mineral density (BMD) for the once-weekly doses of Fosamax® versus Actonel®. The 12 months-out evaluation showed Fosamax® had a greater increase in BMD at the hip trochanter, lumbar spine, femoral neck and total hip. He stated the studies also showed GI safety and tolerability were comparable between the two agents, with no statistical differences in the nature or type of adverse experiences. He added that Fosamax® was the only bisphosphonate that had an indication for reduction of hop fracture.

Lori Calvert, N.P., a nurse practitioner specializing in endocrinology for the past 15 years, spoke on behalf of Actonel®. In her experience, Actonel® was superior to Fosamax® due to better GI tolerability and less endoscopic changes. Ms. Calvert asked the Board to allow both agents on the PDL.

Dr. Denise Thompson, M.D., spoke on behalf of Actonel®. Dr. Thompson shared it had been her experience that Actonel® was better tolerated in a large majority of her patients. She asked to have the option to write for both medications.

Lisa Goetz, medical science liaison with Proctor & Gamble, also spoke for Actonel®. She reiterated the request to consider Actonel® for inclusion to the PDL, considering the patient and physician disruption and costs the system would endure through direct medical costs.

Board Discussion: Mr. Smith asked Ms. Calvert if her presentation across the state were funded. She answered some were and some weren't; that she had spoken for Procter & Gamble, Lilly, Merck, and some were funded by nurse practitioner organizations. She wanted the option to prescribe both. Mr. Smith reminded her the choice was there to seek prior approval. She replied that was very time consuming when the majority of her patients used Actonel®. Mr. Smith asked Ms. Goetz if she had any information on the cost shifting from one agent to the other. She answered that she only had the direct medical cost comparison data. He asked her to get the information for the increased cost of shifting from one agent to the other. Mr. Musial asked Dr. Sha if the Committee considered the option of using step-therapy. Dr. Sha replied the Committee had, but the cost saving associated with the current recommendation was substantial, with all other considerations being equal. Dr. Lindstrom asked if the Committee consider the "quality of life" issue, were they saying essentially, that any side effects noted did not significantly impact patient quality of life. Dr. Sha said that despite the anecdotal evidence given at this meeting that suggested Actonel® was better tolerated, the FACT study was fairly persuasive on the point that side effect and tolerability profiles were similar for both agents. Dr. Mychaskiw pointed out the FACT study was not specifically powered toward the end-point of patient tolerability. Dr. Sha answered that a couple of committee members did independent searches that looked at adverse events as well as side effect profiles of both agents, but the best studies were the Lancet Study and more recently, the FACT trial. Dr. Goldberg added that the New England Journal of Medicine published a 10-year study earlier in the year that looked at tolerability versus placebo and found it virtually the same, with year zero to three no different than from the year seven to 10. Dr. Wernert

ATTACHMENT 4.3 --continued—

asked if a step therapy recommendation would adversely affect the supplemental rebate offer. Dr. Sha's understanding was that it would not, but it could potentially decrease some of the cost savings that would be generated. Dr. Wernert offered that the Board might consider that "middle ground". Mr. Musial asked what the Committee's recommendation was for patients currently on Actonel®. Dr. Sha said the Committee decided not to grandfather any patients since that would reduce the potential savings.

Board Action: Dr. Eskew moved to reject the recommendation from the Therapeutics Committee and add Actonel® to the PDL. There was no second. The motion died. Mr. Musial moved to accept the Committee's recommendation with the modification of removal of the word "exclusive" and to apply a step-therapy edit based on the treatment failure of Fosamax® then allowing prescriptions of Actonel®, with no grandfathering. Dr. Lindstrom asked what the impact of a step-edit would be to the supplemental rebate on Fosamax®. Dr. Crowe replied that it would but could not comment on specifics. The motioned passed with five votes for, one vote against, and two abstentions.

Respiratory Agents:

- Short-acting Beta Agonist
  - Add Xopenex® to the PDL with the limitation of two prescriptions per six-month period (one prescription = 1 box of 24 units).

Liaison Comment: Dr. Sha said the Committee found that Xopenex® did have some clinical utility, but the magnitude of that utility was still in doubt, since there was a limited amount of evidence currently in the literature. As such, the Committee felt that quantity limiting would optimize program cost savings.

Board Comments: Mr. Musical asked if the "72-hour emergency fill" rule still applied to this product, even after the patient received two prescriptions in a six-month period. Dr. Crowe replied that it did.

Public Comment: Greg Novarro, account director with Sepracor Pharmaceuticals, spoke on behalf of Xopenex®. He presented outcomes data from the State of Texas. He pointed out a positive trend of declining admissions in regards to asthma when Xopenex® access was unfettered over a four year period but that once the PDL was implemented, that trend was immediately reversed.

Board Action: The recommendation was passed six votes for, one vote against, and one abstention.

ACS UPDATE: PA Statistics: Dr. Jason Crowe, ACS, presented the Prior Authorization statistics for November. He noted that the number of PAs issued for early refills was up slightly and attributed it to the upcoming holiday season. Dr. Smith asked about the increase in Brand name narcotics and wondered if it was due to the generic Oxycontin® 80 mg having PDL status making the brand name none-PDL. Dr. Crowe said he would look into it. There were no other questions from the Board.

ATTACHMENT 4.3 --continued—

Dr. Crowe presented the proposed initiative the IBM and RetroDUR programs for the first quarter of 2005. The topic was High Utilizers based on number of prescriptions filled in November 2004. Recipients were targeted for therapeutic duplication, over-utilization, under-utilization and dose-optimization if they had 20+ prescriptions. Dr. Crowe added that there could also be a coordination-of-care issue for recipients seeing more than one prescriber. The interventions were approved.

Dr. Crowe asked to be allowed to present the criteria on Growth Hormones at the January meeting since this information was still being reviewed.

MANAGED CARE ORGANIZATION UPDATE: John Barth, Managed Care Director, OMPP, introduced Paul Hobson, Executive Director for Molina Health Care of Indiana, to conduct the presentation of their PDL for the Board's consideration and approval. Mr. Hobson explained that Dr. Ismial, Medical Director for Molina Healthcare of Indiana, would be assisting him with the presentation. Also present was Dr. Benjamin Schatzman, Molina Corporate Pharmacy Director. Dr. Ismial commented about Dr. Irick's comments from the November Board meeting about the restrictiveness of the prior authorization process and the PDL. He stated that his personal experience had been that PAs were restrictive but without some kind of restrictive presence, there were medications that would be easily abused or diverted, and also an increase in antibiotic resistance. He added that he had looked at step therapy as an easier modality for limiting these tendencies as he reviewed the PDL to address the Board's previously stated concerns. He looked at every PA on the list, specifically those that were of the fail-first type and converted them to step therapy. He said in reviewing the PDL, he tried to address the concerns he would have as a physician in trying to positively impact patient care. Mr. Hobson asked for Board approval of the revised PDL.

Board Questions: Dr. Irick asked what their PA process involved. He said he did not have a problem with a one page, easy-to-fill-out form. Dr. Schatzman apologized for not having a sample available, but stated that it was a single page form, generic in nature, asking for prescriber, patient, and medication information plus rational or medical justification for the request. Mr. Hobson added their process flow for PA approval was the same as the other MCOs participating with the Hoosier Healthwise Program.

Dr. Eskew asked if they would be monitoring the action of the Board in the future and adjust their PDL to mirror changes in the Indiana fee-for-service PDL. Dr. Schatzman said they would be monitoring the quarterly Therapeutics Committee PDL recommendations.

Dr. Treadwell commented on the age cut-off at 16 where the other plans had the age cut-off at 22. Dr. Schatzman said they would be happy to make that correction.

Board Action: The Molina PDL was approved by the Board with the age correction. The motion was seconded and unanimously approved.

Mr. Barth followed up on a question from last month concerning the proportion of Hoosier Healthwise would be risk-based after the south transition. There will be 13 additional counties transitioning to mandatory risk-based. After July 1, 2005, out of a current population of 518,115 lives, there will be 390,063 lives in risk-based and 128,000 lives in fee-for-service Hoosier

ATTACHMENT 4.3 --continued—

Healthwise, meaning 75% of Hoosier Healthwise will be risk-based and 25% will be fee-for-service.

NEW DRUGS: Dr. Irick shared information on a new formulation of capsaicin in a lidocaine cream base indicated for peripheral neuralgia. He moved to have the Therapeutics Committee consider Axsain® at their next OTC Formulary review.

PUBLIC COMMENT: Dr. Lambertson, Medical Director - Park Center Mental Health Facility of Park View Hospital, requested the DUR Board consider placing an article in their next newsletter addressing the risks of metabolic disorder obesity with the use of the atypical antipsychotics. Dr. Crowe agreed to present a draft of the February newsletter at the January Board meeting.

NEW BUSINESS: Dr. Sha brought up an item from the Therapeutics Committee requesting the Board give consideration as to what its response would be if a public health emergency were declared, where the only drug known to have a clinical impact on a potential pandemic would be an agent with non-PDL status. Mr. Smith commented that the Board's role to the FSSA was advisory and the Board Chairman could make recommendations. It would be up to the people at the FSSA to make emergency decisions.

Dr. Wernert asked Dr. Eskew to address a letter he had concerning a patient who was having a difficult time getting dibenzyline. Dr. Crowe updated the Board that the issue was that dibenzyline did not have a signed CMS rebate and therefore was not a covered item. He contacted the manufacturer and they were willing to work with Medicaid patients through assistance programs to get them the medication.

Dr. Wernert reminded the Board that the new Chairman as of January 1st was Brian Musial and new Vice Chairman was Dr. Philip Eskew. He then thanked everyone for their patience, stating that it had been a good year and the Board had accomplished much.

January 2005

OPENING COMMENTS: Mark Shirley, OMPP, introduced Mitch Roob, the new Secretary of FSSA. Mr. Roob thanked the Board for their continued dedication to the program. He explained Medicaid's financial position for fiscal year 2005. Medicaid was spending $120 million more than appropriated by the state legislature, which was 10% over budget. The budget for 2006 called for a substantial increase in Medicaid appropriation from last year, which would equal what was actually spent this year. The previous administration had indicated a 10% increase in funding, but this administration was committed to keeping it at 5%.

Dr. Lindstrom asked if more time would be spent on tightening up strategic areas of the drug formulary or on tightening up eligibility requirements for participation in Medicaid. Mr. Roob replied that the care model would need to be redesigned for the aged, disabled, and mentally ill population. They needed to examine how that care could be financed in a way that limited growth and decreased the cost per recipient. They would also have to address the eligibility question, but much of that was statutory.

ATTACHMENT 4.3 --continued—

Dr. Eskew asked if the members of the Board were supposed to submit letters of resignation, as all other boards had been asked to do after the change in administration. Mr. Roob replied his preference was to have all the Board members continue in their current capacity. Dr. Eskew asked if there were going to be two different formularies when dealing with Medicare and Medicaid. Mr. Roob answered that state government has relatively little impact on Medicare and limited insight into how the new drug benefit was being designed. The nation would be going to a capitated drug program administered by insurance companies through PDPs. The main concern was the transition of the dual eligible population in nursing homes. Dr. Eskew asked if the state intended to reduce reimbursement to providers. Mr. Roob stated that he was hopeful they would find other means to reduce expenses without reducing reimbursements.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dr. Thomas Smith, P.D., M.S. was voted as the new liaison to the Therapeutics Committee.

ACS UPDATE: PA Statistics: Dr. Jason Crowe, ACS, presented the prior authorization statistics for December. He noted that the number of PAs issued for Cox-II Inhibitors was starting to decrease. Dr. Smith asked about the approved versus denied numbers for the early-refill edit. He questioned why so few of the requests were denied.

Dr. Wilson shared that he sat on an advisory committee at Purdue when the decision was made to drop an early refill edit. He said in terms of the entire program, costs did not increase when this action was taken.

Mike Sharp, a consultant with OMPP, shared that before the program's implementation, there were roughly 90,000 overrides per month for early refill. Mr. Sharp added that if the edit were removed the number of inappropriate early refills would increase dramatically. Dr. Crowe offered to prepare an analysis on early refill utilization and present the findings at the March Board meeting.

Proposed ProDUR Criteria: Dr. Crowe presented possible criteria for growth hormone. The criteria were based on the recommendations from the American Association of Clinical Endocrinologists. He gave background information on current growth hormone utilization in Indiana. Expenditures are approximately $25,000 per utilizer per year. The program receives approximately 30 PA requests per month. He noted that the proposed revised indications could lead to substantially increased utilization of these products.

Ms. Perry asked if Dr. Crowe knew how many insurance companies covered growth hormone for adults. He replied that he did not; but that many Medicaid programs did have limits on growth hormone products. Dr. Crowe replied that the current costs were around $2.5 million, but ACS could not predict future utilization or costs without diagnosis codes to indicate which patients would meet the new criteria. The Board asked Dr. Crowe to attempt to provide a financial impact analysis for the revised growth hormone criteria at the March meeting. The growth hormone criteria was tabled until the March meeting.

MANAGED CARE ORGANIZATION UPDATE: John Barth, Managed Care Director, OMPP, introduced Kelly Henderson, Pharmacy Director with MDWise, who presented proposed changes to the MDWise Preferred Drug List. The proposed changes approved by the DUR Board were:

- Relpax®-add to PDL with quantity limit of six tablets per month
- Maxalt®-change to non-PDL status with quantity limit to a standard package size
- Raptiva®-require a criteria-based prior authorization to ensure that patients fail first-line agents
- Somavert®-require prior authorization to ensure utilization to treat acromegaly
- Lipitor® 10 mg-step edit with lovastatin used for first-line therapy. Agent to be considered first-line treatment for patients receiving a statin for secondary prevention
- Pravachol®-step edit with lovastatin used for first-line therapy. Step edit to exclude utilizers of protease inhibitors and/or cyclosporine
- Pulmicort® Respules 0.25 mg-change to non-PDL to facilitate enhanced compliance with Pulmicort® Respules 0.5 mg once daily (in line with the State's Asthma Disease Management Program for the moderate or mild-persistent category and recommended by the national guideline)

February 2005

REMARKS FROM THE CHAIR: Mr. Musial stated that he would be functioning in the role of Therapeutics Committee liaison for today's meeting. He mentioned that since there was not a quorum of physicians, the Board would be delaying discussion on those items concerning interventions or education until a physician quorum was achieved.

OPENING COMMENTS: Marc Shirley, OMPP, asked all Board members who were going to be absent from a meeting to please e-mail the Board Chairman to that effect as soon as possible, so it would be known who could not attend. He then announced that Ms. Jeanne LaBrecque had recently been appointed as the new Director of Health Policy for the Office of Medicaid Policy and Planning. He stated that Mrs. LaBrecque had come to FSSA from M-Plan and had a strong background in both government programs and pharmacy.

THERAPEUTICS COMMITTEE LIAISON REPORT: Jason Crowe, ACS, presented the Therapeutics Committee recommendations from the February 4th meeting. He stated that the three primary drivers behind these recommendations were clinical, drug costs and total program costs. The Committee had reviewed four therapeutic classes and offered the following recommendations to the Board. The Board discussed and acted on each class individually.

Respiratory:

- Beta Agonists - no changes recommended
- Agents to Treat COPD - no changes recommended
- Leukotriene Inhibitors - no changes recommended
- Non-Sedating Antihistamines - recommended to add Clarinex® syrup to the PDL with an age limit of six years and younger and a quantity limit of 10ml/day
- Nasal Corticosteroids - no changes recommended
- Nasal Antihistamines - no changes recommended
- Oral Corticosteroids - no changes recommended
- Combination Beta Agonist/Corticosteroid (Advair) - no changes recommended

Anti-infectives

- Antiherpetic Agents - no changes recommended
- Antiviral (Influenza) Agents - no changes recommended
- Cephalosporins - no changes recommended
- Fluoroquinolones - recommended to add Levaquin® oral solution to the PDL with a 14-day supply limit

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- Macrolides - no changes recommended
- Ketolides - no changes recommended
- Ophthalmic Antibiotics - no changes recommended
- Otic Antibiotics - no changes recommended
- Systemic Antifungals - no changes recommended
- Topical Antifungals - no changes recommended
- Vaginal Antimicrobials - no changes recommended

Cardiovascular

- ACE Inhibitors - no changes recommended
- ACE Inhibitors in combination with CCBs - no changes recommended
- ACE Inhibitors in combination with diuretics - no changes recommended
- ARB's - no changes recommended
- ARB's in combination with diuretics - no changes recommended
- Beta Blockers - recommended changing the Coreg® step edit from requiring a patient to be on a diuretic to requiring a patient be on an ACE Inhibitor or an ARB.
- Calcium Channel Blockers - no changes were recommended
- Calcium Channel Blockers in combination with Lipotropics - recommended adding new strengths of Caduet to the PDL
- Loop Diuretics - no changes recommended
- Inspra - no changes recommended

Lipotropics

- Bile Acid Sequestrants - no changes recommended
- Fibric Acids - no changes recommended
- Statins - no changes recommended
- Other Lipotropics - no changes recommended

The Board approved all recommendations.

ACS UPDATE: PA Statistics: Jason Crowe, ACS, presented the prior authorization statistics for January. He noted that the total number of PA requests had decreased, but requests for a few classes had increased due to PDL changes.

Proposed DUR Board Newsletter: Dr. Crowe proposed a newsletter that included a summary of the consensus guidelines regarding the use of atypical antipsychotics in patients with diabetes. It also included quarterly statistics for the top 25 drugs ranked by amount paid and paid claims count.

Dr. Smith stated that the FDA's recommendation, which came out in September 2004, was not product specific like the newsletter. He said that he would prefer the article focus on the issue of metabolic syndrome and the monitoring. Dr. Crowe replied that these monitoring parameters were listed throughout the article.

Dr. Irick said he had a concern with Table 1 and suggested removing it from the article. Dr. Wernert stated that he felt the chart was appropriate because it simply restated information currently available, and that the article contained accurate information and had been well written. He added that it was a summary of the consensus of various professional organizations. Dr. Smith

ATTACHMENT 4.3 --continued--

said he questioned the advisability of what he viewed as promoting information that did not match the FDA guidelines, since that is the agency that regulates drugs.

Dr. Walter Debret, M.D., with Eli Lilly and Company, addressed the newsletter article. He noted another independent expert panel, the Mt. Sinai consensus, had found that there was not enough information to rank atypicals according to certain risks. His company recommended the removal of Table 1 as well as a couple of sentences in the previous paragraph as outlined in the letter he had given to the Board. Dr. Wernert said he believed that Dr. Debret's proposed language would be too wordy to include, but that eliminating the paragraph would solve the issue.

Mr. Musial summarized that the two issues before the Board were what to do with Table 1 and the paragraph concerning weight gain. Mr. Musial suggested adding a citation for the physical monitoring references listed on the third page.

The Board voted to accept the draft DUR Board newsletter, but to 1) remove the second-to-last paragraph and add the reference on the last page; 2) remove Table 1 from the article; 3) repeat the last paragraph of the article before the section on obesity and have the language contained in a shadow box. Dr. Crowe would send revised newsletter to Board chair for final review and approval.

March 2005

OPENING COMMENTS: Marc Shirley, OMPP, stated he had three items to bring to the Board's attention. The first was to notify the Board of two reports tentatively scheduled for presentation at the April Board meeting, the State's CMS DUR Annual Report for Federal Fiscal Year 2004, and the PDL Study Report. He noted that they hoped both documents would be available for presentation at the next meeting. He added that if both documents were not available, the DUR Report would likely be presented first.

The next item discussed was the current status of insulins. The program currently covered all insulins. He asked the Board to approve the addition of the OTC insulins to the OTC Drug Formulary and have ACS include them on the next publication of the OTC Formulary. Dr. Irick so moved and Dr. Treadwell seconded. The motioned passed unanimously.

The last item presented by Mr. Shirley was a listing of the proposed DUR Board meeting dates for calendar year 2006. The motion to approve the list of dates was passed unanimously.

ACS UPDATE: Jason Crowe, ACS, gave an update on the status of the early refill and growth hormone analysis reports requested by the Board. He noted that as Mr. Shirley alluded to earlier, there was a high demand on ACS' analytic resources for the preparation of the reports. Dr. Crowe stated that ACS anticipated having the reports completed once those resources were available. He then presented the prior authorization statistics for February and offered to answer any questions from the Board. Mr. Musial noted that in his opinion, the early refill numbers continued to be questionable.

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PUBLIC COMMENT: Dr. Robert Darrah, a pediatric cardiologist at the I. U. School of Medicine, spoke on behalf of removing the prior authorization requirement for "brand medically necessary" specification, when it applied to cyclosporine. His concern was that blood levels obtained with the individual generics could vary as much as 30%. This increased the risk to the patient for rejection and increased side effects. He believed the greatest risk to Medicaid was that less than optimum patient care would lead to earlier graft loss and the tremendous cost of retransplantation.

Thomas Steffie, Novartis Pharmaceuticals, spoke next. He presented a letter from Dr. Mark Pescovitz on the issue of prior authorization for transplant medications. He stated that Novartis was the largest producer of generics in the world, so they were not an "anti-generic" company, but they had chosen not to produce a generic for Sandimunne® or Neoral®. He added that his company had not increased the price on those products since 1999. They maintained a price that had a 10% difference between the generic products. He felt the prior authorization issue was for those long-term patients who had been on the product in the past but now needed prior authorization.

Ms. Perry asked if the Board had done a study on how many prior authorizations were given that involved transplant drugs. Dr. Crowe said ACS could run such a report if the Board felt it was needed.

Mr. Musial commented that the reality of the transplant situation was that if those patients were generally identified in advance, the physician could be proactive and request a prior authorization for "brand medically necessary" in advance as opposed to waiting for the event to happen. He recommended that the Board ask Dr. Crowe to gather the statistics and return that report to the Therapeutics Committee for its consideration about the prior authorization for "brand medically necessary" requirement.

Dr. Irick replied that the issue was not necessarily an issue of needing the brand product, but it was more important to get the same generic every time. Dr. Eskew commented that was an issue for many diseases. He thought it was very important with transplants.

Mr. Sharp offered a couple of comments on how this came to be an issue. The Office recently instituted a more aggressive State Maximum Allowable Cost Program, which assigned a maximum price it would pay for AB-rated generics. The price established for the generic Neoral® was significantly less than 10% of the brand. He was interested in any comments or discussions that had occurred between Novartis and the FDA on the AB-rating process. He asked if Novartis had considered dropping the AWP price to a figure closer to the State MAC price, as that would be an easy solution to ensure access to these products. Board members concurred that they would be interested in hearing a response from Novartis with regard to the current AWP and any comments from the FDA. Mr. Sharp reiterated that if the AWPs were decreased, this would not be an issue because pharmacies could dispense the brand as a generic.

April 2005

OPENING COMMENTS: Mark Shirley, OMPP, gave an update on the future presentation of the DUR Annual Report and the PDL Report. He stated that due to various levels of review by the

ATTACHMENT 4.3 --continued--

Office that the presentation would be held over until next month. He would make every effort to get the reports e-mailed to all Board members as far in advance of the May meeting as possible.

ACS UPDATE: PA Statistics: Dr. Jason Crowe, ACS, presented prior authorization statistics for the month of March. Mr. Musial noted that the early refill numbers continued to be substantial. Dr. Crowe replied that an early refill analysis would be presented at a future meeting. He requested the Board's approval for a RetroDUR intervention titled, "Over utilization of low molecular weight heparin" targeting patients had received >14 days of therapy and not been transitioned to oral anticoagulant therapy.

MANAGED CARE ORGANIZATION UPDATE: John Barth, Managed Care Director, OMPP, stated that the various Managed Care Organizations were present to review the reports before the Board. The first report was a PDL listing comparing the MCOs preferred drug list to the fee-for-service preferred drug list. The first section was all drugs with no restrictions. The second section was all drugs that had clinical edits. The next report was single-source drugs requiring PA compared by MCO. He presented information that listed the total PAs for each drug by approval status. The report also listed related grievances for the past 12 months. The final report was the responses from the Hoosier Healthwise provider/patient surveys that would be completed in July 2005.

Dr. Lindstrom asked each MCO what their process was for grandfathering and if it was for a limited period of time. Mr. Barth explained that as counties were transferred to the mandatory system, ACS supplied a PA listing of all the members who were transitioning and requiring a pre-approved PA in the system. The requirement was to maintain therapies for a minimum of 30 days once transferred to a MCO. Each MCO could look at each situation and determine if it was appropriate to continue therapy after this time period. Questions were deferred to the MCOs to answer.

Mr. Smith had a question about the Harmony Health Plan grievance report. Mr. Harrison replied that the county in question was not a mandatory county, and could have been any member, not necessarily a transitioned fee-for-service member. Mr. Smith asked how they handled a PA request when the prescriber was non-responsive. Mr. Harrison answered that they would call the prescriber to discuss and put in a temporary authorization so the patient did not go without medication.

Dr. Lindstrom asked how the MCOs handled new drugs to the market. This question was answered by the MCOs.

Mr. Barth said he would prepare a memo for Chairman Musial to use as a cover sheet for this report to be sent to the Oversight Committee. He asked Chairman Musial to make any changes, sign it, and send it back to the office for delivery to the Committee.

OLD BUSINESS: Mr. Smith asked the Board if he and Dr. Crowe should research the SSRI issue. The Board had expressed a desire to have them work on a newsletter regarding some of the recent warnings that had come from the FDA about SSRIs. Mr. Smith had some concerns about patients moving away from the SSRI to the atypical antipsychotics. Dr. Wernert felt the Board should wait until some consensus guidelines came out before they put something in a newsletter.

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Chairman Musial asked if the MCOs had any sense of potential migration between these classes. Dr. Wernert felt it was too early to tell if the overall use of atypicals was increasing due to the migration between classes. He felt it could be a natural continuation of growth of market share within this particular class.

Chairman Musial asked the Board to keep in mind that utilization trends were part of the Therapeutics Committee's evaluation as they reviewed coverage. The SSRI class was not scheduled for review at the upcoming meeting, but would be discussed at the following one. The shift in these classes of medications would be part of the market share evaluation.

Mr. Smith said he was looking at this subject from a purely prescriber education aspect and asked for a sense of what the Board thought. Dr. Wernert thought the Board needed to be careful. He was not sure they would have access to the information they would need to be able to draw solid conclusions. He felt there were checks and balances in the system already. Each of the MCOs had their own Pharmacy and Therapeutics Committee to make that determination. As far as fee-for-service, he thought it was fine to put the information out there in a newsletter and make it available on the website, but it needed to be consistent with FDA released announcements.

Dr. Wernert moved that when certain FDA releases become available, they could be considered for placement on the website and in the newsletter.

May 2005

OPENING COMMENTS: Marc Shirley, OMPP, introduced Dr. Michelle Laster-Bradley, the principle author of the DUR Board's CMS Annual Report. He thanked her for the tremendous amount of work involved in preparing the report. Mr. Shirley mentioned that Jeanne LaBrecque, the Director of Health Policy and Medicaid, was scheduled to stop by during the meeting.

PRESENTATION OF THE DUR ANNUAL REPORT: Dr. Michelle Laster-Bradley, ACS, gave an overview of the CMS requirements for ProDUR and RetroDUR reporting. She briefly went over the different attachments and tables contained in the report. Dr. Laster-Bradley referred the Board to page 133 of the report, which listed the estimated savings of $12.2 million. She added that the Return on Investment listed on the report was based only on the RetroDUR savings. It did not include the savings associated with the PDL program. However, the total State program costs did include the PDL program, which meant the ROI was actually larger than what was reported.

Mr. Smith asked if cost shifting had been addressed in the report. Dr. Laster-Bradley replied it had been addressed as it related to the PDL, but the ProDUR and RetroDUR savings included only pharmacy expenses. Dr. Lindstrom asked what the pharmacy savings impact was on the entire budget for the State of Indiana. Dr. Laster-Bradley replied that CMS was in the process of changing their report requirements and might include this type information in the future, but she had only reported on what CMS presently required. A motion to approve the DUR Board CMS Annual Report was passed unanimously.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dr. Jason Crowe, ACS, presented the Therapeutics Committee's recommendations from the Committee's May 6th meeting. As in the past, the three primary drivers behind these recommendations were clinical, drug costs, and total

ATTACHMENT 4.3 --continued--

program quality of care. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

CNS and Other Agents:

- Antiemetics - Move Kytril® Injection to non-PDL
- Brand Name Narcotics
  - o Add fentanyl patches to the PDL
  - o Move oxycodone extended-release 80 mg to PDL
  - o Add Combunox® to non-PDL
  - o Add Palladone® to non-PDL with PA criteria
    - PA criteria: Patient must have had previous analgesic therapy equivalent to a dose of 12mg of hydromorphone per day for at least 30 days
- COX-II Inhibitors - No changes recommended
- Brand NSAID/PPI Combinations - No changes recommended
- Skeletal Muscle Relaxants - Add dantrolene to the PDL
- Smoking Deterrent Agents - Add bupropion to the PDL
- Triptans - No changes recommended

Public Comment: Ms. Lori Ladd, Purdue Pharmaceuticals, spoke on behalf of Palladone®. She asked the Board to reschedule the review of Palladone® because they had not presented the product to the Therapeutics Committee. She offered that it was the only modified release formulation of hydromorphone which allowed it to be dosed once daily.

Board Comment: Dr. Irick commented that his office found the PA process very simple and he did not see prior authorization as a potential problem for patients needing Palladone®. Dr. Irick also commented on generic fentanyl patches and the new PRN fentanyl patch.

Dermatological Agents:

- Acne Agents - No changes recommended
- Antipsoriatic Agents - No changes recommended

Endocrine Agents:

- Antidiabetic Agents - No changes recommended
- Thiazolidinediones - Maintain the current PDL status, but remove the current step edit
- Bone Suppression Resorption Agents/SERMs - No changes recommended
- Forteo® - No changes recommended

Board Comment: Dr. Eskew asked that Boniva® be reviewed by the Therapeutics Committee.

Gastrointestinal Agents:

- Proton Pump Inhibitors -
  - o Add Nexium IV to the PDL
  - o Add Zegerid® oral suspension to non-PDL
- H2 Receptor Antagonists - Add Zantac® effervescent to non-PDL
- H. pylori Agents - No changes recommended

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Genitourinary Agents:

- BPH Agents - No changes recommended
- Urinary Tract Antispasmodics -
  - o Add Vesicare® to non-PDL
  - o Add Enablex® to non-PDL

Liaison Comment: Mr. Smith commented that they had reviewed the clinical information from ACS on Vesicare®. Dr. Sha said that the Committee may want to re-evaluate Vesicare® when more information became available.

Public Comment: Dr. Alan Bruno, an urologist spoke on behalf of Vesicare®. He outlined the side effect profile for Ditropan® and Detrol® as compared to Vesicare®, stating that dry mouth was severe enough to cause 90 percent of his patients to discontinue therapy with the first two agents. He felt that the new class of medications was very important to urologists, since these products had fewer side effects compared to other agents. He requested that the Board consider adding Vesicare® to the PDL.

Board Comment: Dr. Lindstrom asked if there was a lack of available data. Mr. Smith answered that the drug was relatively new and extensive clinical experience was not available. He suggested a recommendation to have the Committee re-evaluate the drug.

Hematological Agents:

- Hematinics and other - No changes recommended
- Heparin and Related Products - No changes recommended
- Leukocyte Stimulants - No changes recommended
- Platelet Aggregation Inhibitors - Add cilostazol to the PDL

Topical Agents:

- Eye Antihistamine/Mast Cell Stabilizers - No changes recommended
- Glaucoma Agents - Add Istalol® to non-PDL
- Topical Estrogen Agents - No changes recommended

Respiratory Agents:

- Non-Sedating Antihistamines - Add all Allegra products to non-PDL

Board Comment: Mr. Smith asked if Allegra would require prior approval and be subject to a step-edit. Dr. Crowe said that was the current situation for all other non-PDL agents in that class. He added that ACS anticipated an increase in call volume with this change. Chairman Musial replied that this was an issue tied to the fact that a manufacturer did not honor their supplemental rebate offer to Indiana Medicaid. Mr. Smith asked if ACS could identify the high volume prescribers of Allegra® and perform an educational IBM and RetroDUR initiative. Dr. Crowe replied that he would present an intervention targeting high prescribers of Allegra products at the next meeting.

The Board approved all recommendations with the exception of Vesicare® which was to re-reviewed by the Committee.

ATTACHMENT 4.3 --continued--

REMARKS FROM THE CHAIR: Chairman Musial introduced Ms. Jeanne LaBrecque, Director of Health Policy and Medicaid. Ms. LaBrecque formally thanked the members of the Board for the work they were doing in managing the drug spend. She recognized the absolute need for the Board to oversee the process of providing individuals access to the medications they needed. She mentioned the tremendous challenge of the transition to Medicare Part D and how it would dramatically change the drug spend. They would be mandated to spend $121 per month per eligible for drugs.

ACS UPDATE: Dr. Jason Crowe, ACS, requested the Board's approval for an IBM and RetroDUR intervention. Patients would be targeted who were receiving anti-diabetic therapy, were 55 years of age or greater, had a drug history indicating risk factors of either heart disease or dyslipidemia, and not been treated with and ACE Inhibitor or ARB within the past 90 days. The intervention would ask the prescriber to consider the addition of an ACE Inhibitor to reduce the risk of cardiovascular events. This would be an educational intervention focusing on practice guidelines, with a goal of influencing future prescribing.

PA Statistics: Dr. Crowe presented the Prior Authorization statistics for April.

NEW DRUGS: Boniva® and Lunesta® were discussed. Chairman Musial suggested referring them to the Therapeutics Committee for review at their next meeting. Dr. Crowe informed the Board that the manufacturer of Boniva® had submitted their information outside of the deadline for the May meeting, but ACS had the information to provide to the Therapeutics Committee during the next review.

June 2005

OPENING COMMENTS: Jeanne LaBrecque, Director of Health Policy and Medicaid, gave an update on the implementation of quality controls on the behavioral health drugs. She had met with advocates and community members regarding their insight as to the difficulties they were experiencing, and she would be meeting with the managed care CEOs next week. Ms. LaBrecque referenced HEA1325, noting that the Office had been gathering names for the Governor-appointed positions to serve on the committee and that she had asked Mr. Shirley to solicit a DUR Board representative to participate.

She reminded the Board that Medicare Part D was approaching quickly. The Office had been working throughout the state to get the word out to all seniors about the benefits of Part D. Ms. LaBrecque explained that the State would still be responsible for a portion of the drug costs to the federal government, but the State would have no control over those expenses or the drugs covered.

PRESENTATION OF THE PDL REPORT: Jason Crowe, ACS, presented the PDL report prepared by Dr. Michelle Laster-Bradley, ACS. He presented a brief outline and gave some historical information concerning the success of the PDL.

ATTACHMENT 4.3 --continued--

A) The Objectives/Findings of the PDL Study

(1) To evaluate any increase in Medicaid physician, laboratory, or hospital costs as a result of cost shifting

(a) No statistically significant differences were observed in medical expenditures or in specific medical service types between recipients taking medications in the therapeutic classes studied.

(2) To assess recipients' access to medications

(a) No statistically significant evidence demonstrating impediment or access issues related to the PDL.

(3) To report the number of times a PA was requested, approved, or disapproved comparing numbers from FFY ' 03 to FFY ' 04

(a) There was a decrease in the number of requests (due to prescribers getting used to working with the PDL)

(b) There was an increase in the number of denials (due to the addition of more clinical criteria for products)

(4) To report the cost of administering the program and associated savings

(a) Examined expenditures for administering the program

(b) Factored in CMS and supplemental rebate programs

B) The Results of the Study

(1) Year One estimated annualized savings net CMS rebates - $8.91 million

(2) Year Two estimated annualized saving net CMS rebates - an additional $1.13 million

(3) Estimated annualized savings over a two-year period - $7.04 –$8.53 million

C) Recommendations for Improvement

(1) Incorporate supplemental rebates to enhance savings of the PDL program (Completed)

(2) Explore opportunities to remove or change current therapeutic classes (In Process)

(3) Limit the number of preferred agents in each therapeutic class

(4) Explore areas to control costs within the so-called "triple A/cross-indicated" drug category

Board Questions: Dr. Smith asked if the decrease in the number of PA requests could have been due to the shift of recipients from the traditional Medicaid program to the MCO program. Dr. Crowe replied that the study period was prior to the major move of recipients to MCOs, thus the major reason for the reduction in PA requests was linked to prescribers endorsing and gaining an understanding of the PDL process.

Dr. Lindstrom asked why only eight of the 52 classes were studied in the report. Dr. Crowe answered that classes were excluded if they were acute medications, seasonal products, or drugs that had already achieved a high percentage of preferred market share. He added that Dr. Laster-Bradley wanted to analyze classes that would have measurable data. Dr. Lindstrom felt that the study contained a relatively small sample size. He suggested it might be helpful to explain in the Executive Summary how the eight out of 52 classes were chosen for evaluation.

Dr. Wernert asked if eventually the costs of administering the PDL program would exceed the savings realized. Dr. Crowe explained that the savings from previous years could be attributed in each successive year. He added that more program enhancements would need to be implemented

ATTACHMENT 4.3 --continued--

because a PDL will only go so far before hitting a plateau in terms of realized savings.

Dr. Wernert asked if supplemental rebate amounts would increase over time compared to the cost savings of the PDL. He questioned if supplemental rebates could be obtained separately from the PDL program. Dr. Crowe replied that both the PDL and the supplemental rebate programs were needed because without a PDL there would be no basis for the State to receive supplemental rebates. Dr. Wernert said that was the message that needed to be given to the legislators.

Ms. Perry added that it was important to point out to the legislators the expense ratio of current service lives versus future ones and the fiscal impact that would have.

Board Action: Dr. Wernert moved for approval of the PDL report with the previously mentioned changes to the Executive Summary, an additional statement giving the historical importance of the PDL, and that the Chair would review

ACS UPDATE: Jason Crowe, ACS, requested the Board's approval for an IBM and RetroDUR intervention for July. The initiative would focus on the change of Allegra products from preferred to non-preferred. Prescribers would be targeted who had two or more patients who had received Allegra therapy within the past 90 days. The intervention would advise the prescriber that the status of Allegra had changed to non-PDL and asked them to consider switching to a PDL agent. The intervention would focus on PDL guidelines, with a goal of influencing future prescribing. Chair Musial requested that the intervention letter state that Allegra products would require prior authorization.

Proposed DUR Board Newsletter: Dr. Crowe proposed a newsletter containing an educational article on the new injectable treatments for diabetes. Also included were the Top 25 Drugs statistics. Ms. Perry asked if the totals for the Top 25 Drugs listed on the last page were meant to elicit a message. Dr. Crowe replied that the information was included to show providers the costs that are expended for the top drugs in the program.

PA Statistics: Dr. Crowe presented the prior authorization statistics for May. He discussed the substantial increase in the PA requests for drug-drug interactions during the month. He attributed the increase to a clinical change initiated by First Data Bank concerning amiodarone interactions. That change resulted in an increased number of calls. He mentioned that over the next few months that there would be an increase in the number of non-sedating antihistamine PA requests due to the upcoming Allegra® change. Dr. Lindstrom asked about the therapeutic duplication PA requests and why the number has decreased substantially. Dr. Crowe replied that the reduction in requests was linked to the removal of the hard edit for therapeutic duplication in June 2004.

MANAGED CARE ORGANIZATION UPDATE: Kristy Bredemeier introduced herself and explained that Managed Care Director John Barth had left Medicaid and that, moving forward, she and Tim Malley would be the Board's contacts for managed care-related matters. She then

ATTACHMENT 4.3 --continued--

introduced Kelley Henderson from MDWise. Ms. Henderson, pharmacy director for MDWise, requested the Board's approval of their formulary recommendations. She presented the following formulary committee recommendations:

Spiriva®-add to the PDL
Concerta®-remove step edit
Adderall® XR-remove step edit
Lantus®-remove prior authorization requirement
Imitrex®-quantity limits added of one standard package size per month
lindane-remove from the PDL
Elestat®-add to the PDL
Optivar®-add to the PDL
Actonel®-add to the PDL
Fosamax®-remove from the PDL
Ascencia Breeze®, Contour®, Dex 2®, Elite®, Elite®XL-add to the PDL
All other glucometers and test strips not listed on document-remove from the PDL
Benicar®, Benicar® HCT-add to the PDL with same step therapy requirements as Cozaar®
Cozaar®, Hyzaar®-remove from the PDL
Norditropin®-add to the PDL as a pharmacy benefit with same prior authorization requirements as Nutropin®
Nutropin®-remove from the PDL
Protopic®-add to the PDL with same step edits as Elidel®
Avelox®-add to the PDL with same prior authorization requirements as Levaquin®
Levaquin®-remove from the PDL
Prevacid® Solutab-add to the PDL; first-line therapy for patients <13 with same step therapy as Prevacid® Susp.
Prevacid® Susp-remove from the PDL
Celebrex®-change prior authorization requirements to step edit
Novolog®, Novolog® 70/30-remove from the PDL

Ms. Henderson informed the Board that MDWise had terminated its PBM contract with Express Scripts as of July 1, 2005. They would be utilizing Amerihealth as their PBM contractor.

Board Questions: Chair Musial asked what the step therapy requirements were for Celebrex®. Ms. Henderson replied the criteria included a history of two other NSAIDS and no concurrent aspirin therapy. Dr. Irick asked how low-dose aspirin therapy for heart attack and stroke prevention was handled considering this criteria. Ms. Henderson referred to a class study that suggested aspirin negated the added benefit of a COX-2 drug over an NSAID. Dr. Irick stated he was aware of the study mentioned but he felt that his patients should decide if they want to take low-dose aspirin for preventive therapy.

July 2005

ACS UPDATE: PA Statistics: Jason Crowe, ACS, presented the PA statistics for June 2005. He gave an update on the change of Allegra® to non-preferred status.

MANAGED CARE ORGANIZATION UPDATE: Kristine Bredemeier referred the Board to a letter dated July 7, 2005 from Ms. Jeanne M. LaBrecque, Director of Health Policy and Medicaid,

ATTACHMENT 4.3 --continued--

regarding HEA 1325. She added that the content of the letter would appear in a banner message to all providers the following week. The letter explained where the Office stood on the issue of mental health drugs with respect to the Managed Care Organizations and addressed the purpose of the Quality Advisory Committee.

Chair Musial asked what the Board could do to reduce the misunderstanding within the various pharmacy and physician groups regarding the HEA 1325 mental health drug provisions. Ms. Bredemeier replied that in addition to the banner message, the Office was adding the information to the August provider newsletter.

Dr. Smith asked if the Board would now be able to proceed with DUR interventions that had been prohibited in the past. Ms. Bredemeier told the Board that any potential suggestions they might have would go to the Quality Advisory Committee.

NEW DRUGS: Dr. Irick gave an update on the status of Palladone®. The drug had been removed from the market at the request of the FDA. That action was taken because of the drug's increased solubility in alcohol.

LIAISONS WITH OTHER BOARD: Thomas Wilson commented that the Pharmacy Board had been busy looking at topics such as central processing issues, electronic prescribing and drug distribution.

August 2005

APPROVAL OF MINUTES: Mr. Musial had a correction to the minutes from the June 17th meeting. Under the Managed Care Update section, when Ms. Henderson informed the Board about MDWise changing to a new PBM provider, Mr. Musial asked a question about notifying provider pharmacies about the changes in their claims processor, not about changing to the provider network as stated in the minutes.

THERAPEUTICS COMMITTEE LIAISON REPORT: Dr. Meng Yang, ACS, informed the Board that Jason Crowe had not been able to attend but would return next month. She introduced Mr. Dan Alday as the new Indiana Clinical Service Manager from ACS and said he would be assisting her in the presentation of the Therapeutics Committee's recommendations from their August 5th meeting. She stated that the three primary drivers behind those recommendations were clinical, drug costs, and total program costs. The Committee reviewed four therapeutic classes, revisited the Vesicare® issue and proposed two new therapeutic classes for inclusion into the PDL review process. The Committee offered the following recommendations. The Board discussed and acted on each class individually.

Respiratory:

- Beta agonists
  - Move Xopenex® HFA to non-PDL
  - Move Foradil® to non-PDL
  - Move Accuneb® to non-PDL
  - Move Ventolin® HFA to non-PDL
  - Add albuterol HFA to the PDL

ATTACHMENT 4.3 --continued--

- Leukotriene inhibitors
  - Move Accolate® to non-PDL
- Non-sedating antihistamines
  - Add Clarinex® D to the PDL with step edit (must have failed a trial of OTC loratadine/pseudoephedrine 24-hour formulation within the previous three months)
  - Move fexofenadine to non-PDL
  - Move fexofenadine/pseudoephedrine to non-PDL
- Nasal corticosteroids
  - Move Nasonex® to non-PDL
  - Add Nasarel® to the PDL
  - Add flunisolide nasal spray to the PDL
  - Add Nasacort® AQ to the PDL
  - Add Atrovent® NS to the PDL
  - Add ipratropium NS to the PDL
- Orally inhaled corticosteroids
  - Move Asmanex® to non-PDL
  - Move Azmacort® to non-PDL
  - Add Flovent® HFA to the PDL
  - Remove Flovent® Rotadisk completely from the PDL (discontinued)
- Beta agonists/corticosteroid combos (Advair®) - no changes were recommended
- Agents used to treat COPD
  - Add Atrovent® HFA to the PDL

Board Comment: Dr. Eskew asked for the rationale behind the decisions to move those agents around on the PDL. Dr. Yang answered that the beta agonists were not new drugs, just new dosage formulations for those ingredients. The Committee's thought was, based on the guidelines; short-acting beta agonists should not be used chronically. Mr. Smith added the Committee was being proactive in their recommendation to prevent six months of "carte blanche" utilization every time a manufacturer came out with a new formulation of an existing drug ingredient. The Committee wanted to go ahead and look at the clinical aspects of those agents before they were brought to market and cost information became available. That would eliminate the need to go back and make a change after an agent had been PDL neutral for six months. Until that time, doctors could prescribe those drugs as non-PDL agents.

Public Comment: Dr. John Duplantier, an allergist/immunologist and pediatrician, spoke on his own behalf and as vice president of the Indiana Allergy and Immunology Society. He took issue with the statement that the decision to remove Nasonex® from the PDL was based first on the clinical merits of the drug. He stated there were no studies showing the efficacy of the agents that were proposed in place of Nasonex®. He cited studies where Nasonex® had demonstrated safety down to the age of two years old. No other medication was FDA approved for use under the age of four years old. He added Nasonex® was the only agent with an indication for nasal polyposis. He requested the Board reconsider the recommendation on Nasonex®.

Board Discussion: Dr. Eskew asked how often he treated nasal polyposis. Dr. Duplantier replied he saw a couple of cases a year. Mr. Smith commented that the Therapeutics Committee had much discussion over the age issue before making the recommendation and reminded Dr. Duplantier that the Committee considered the entire population, not just a specific age group. Prescribers

ATTACHMENT 4.3 --continued--

could still use Nasonex® by going through the prior approval process. Dr. Ceh asked if it was possible to have a step-edit for age. Mr. Smith said it had been done in the past for other medications.

Board Action: Dr. Irick moved to accept all recommendations with the exception of Nasonex®, which would be PDL for ages four years old and younger and non-PDL for ages five years old and above. The motion passed with one abstention.

Anti-infectives:

- Anti-herpetic agents - no changes were recommended
- Anti-viral (influenza) agents
  - Add Tamiflu® to the PDL
- Second-Generation Cephalosporins
  - Recommended that class no longer be subject to PDL review effective November 1st, 2005
  - To be replaced by a new class which would be introduced at the end of the presentation
- Third-Generation Cephalosporins
  - Move Suprax® to non-PDL
- Fluoroquinolones
  - Move Factive® to non-PDL
  - Move Maxaquin® to non-PDL
  - Move Noroxin® to non-PDL
  - Move Zagam® to non-PDL
- Macrolides
  - Move Zmax® to non-PDL
  - Move Dynabac® to non-PDL
  - Move Dynabac® D-5PAC (limit 1 pack/month) to non-PDL
  - Move Biaxin® to non-PDL
  - Move Biaxin® XL PAC (limit 1 pack/month) to non-PDL
  - Add clarithromycin to the PDL
- Ketolides - no changes were recommended
- Ophthalmic antibiotics
  - Add Zymar® to the PDL with step edit (patient must be at least 30 years of age or older)
  - Change Vigamox® to require step edit (patient must be at least 30 years of age or older)
- Otic antibiotics
  - Move Floxin® Otic to non-PDL
- Systemic antifungals
  - Move Diflucan® to non-PDL
  - Add itraconazole to the PDL
- Topical antifungals
  - Add ciclopirox to the PDL
- Vaginal antimicrobials
  - Move Clindesse® to non-PDL

ATTACHMENT 4.3 --continued--

Board Comment: Dr. Eskew asked if the Committee received information from the manufacturer of Zmax® about the higher blood levels achieved by the new dosage form. Mr. Smith said the information the Committee had on Zmax® was that it was a new formulation of azithromycin that had been approved for a 2 gm dose not substitutable with the azithromycin 100 mg currently on the PDL. Dr. Eskew asked why a decision was made without any information. Mr. Smith answered it was again due to the Committee wanting to eliminate the automatic six-month grace period. Dr. Lindstrom thought the statute read that a new drug was available until after it had been reviewed. Dr. Mychaskiw referred back to the three primary drivers that were the rational for reviewing classes. He said all three components should be part of the review process. Dr. Yang said there had been cost information available since the drug has been on the market since July. Dr. Lindstrom quoted from the statute "prior authorization may not be automatically required for single source drug that is newly approved by the FDA and that is in a therapeutic classification that has not been reviewed by the Board and for which prior authorization is not required or the sole drug in a new therapeutic class that has not been reviewed by the Board". Mr. Smith said the class had been reviewed several times. He reiterated that Zmax® was not a new drug entity. He said the way the statute was set up, it could only be considered "reviewed" if there was utilization data. The only data available at the time of the Committee meeting was the cost of the agent. Mr. Shirley reminded the Board that access was maintained through the prior authorization process.

Public Comment: Gary Buck with Pfizer, spoke on behalf of Zmax®. He shared the three advantages of Zmax® compared to the immediate-release formulations - there were less GI adverse events with the single dose designed to release the drug in the small intestine; there were higher blood, tissue and white blood cell levels which resulted in improved AUC to MIC ratios as compared to Z-Pak® or Tripak®; and there was enhanced adherence with a 2-gram single dose. He requested the Board consider allowing Zmax® to remain PDL neutral until November to allow the Committee to review the full product information, price information, and clinical studies.

Dr. Matthew Smith, a practicing pediatrician, spoke on behalf of Vigamox®. Dr. He felt the proposed age step-edit would entirely exclude his Medicaid population. He requested the Board include Vigamox® on the PDL without a step-edit.

Jamie Cassidy, with Vistakon Pharmaceuticals, spoke on behalf of Quixin®. She requested that Quixin® be made available for the Medicaid pediatric population. She quoted the TRUST study, which showed Quixin® as the only agent that demonstrated a 100% susceptibility rate against S. Pneumonia and H. Influenza, the most common pathogens found in pediatric conjunctivitis. She stressed the cost effectiveness of the 5-ml package size and indicated that Quixin® was approved for use down to the age of one year old.

Dr. Virginia Caine, a practicing physician in a division of infectious disease and Director of the Marion County Health Department, spoke on behalf of Suprax® and requested it not be removed from the PDL. Marion County was seeing a significant amount of quinolone resistance to gonorrhea in the community, especially among adolescents. As a result, they would be issuing a letter to area primary care providers about the quinolone resistance in the treatment of gonorrhea. Lastly, she asked the Board to allow Zithromax® for pregnant women with side effects of nausea and vomiting.

ATTACHMENT 4.3 --continued--

Nancy Smith, with Taro Pharmaceuticals, spoke on behalf of Ovide®. She requested the Board add Ovide® to the Managed Care PDL. She stated it had superior efficacy over OTC products and it had an improved safety profile compared to lindane.

Board Discussion: Dr. Wernert asked if Zmax® had a separate patent and when the ZPak® patent expired. Mr. Buck answered there was a separate patent on the release formulation, but not the azithromycin component.

Chair Musial asked Dr. Matthew Smith if he was affiliated with the pharmaceutical manufacturer. Dr. Smith indicated he was being paid by the manufacturer of Vigamox®. The need to reserve Vigamox® for therapy failure due to resistance development was discussed.

Dr. Eskew asked Mr. Smith to address the Suprax® issue which he referred to ACS since the Committee had not spent any time on that issue. Chair Musial explained how Suprax® was an agent discontinued by the original manufacturer and subsequently picked up by a secondary manufacturer. Dr. Yang added the patent had expired but no one had been manufacturing the generic. The recommendation was based on the lack of utilization. Dr. Janet Arnold, Medical Director for the STD control program at Marion County expressed that utilization was low due to the unavailability of the drug. Dr. Yang said the secondary manufacturer had an agreement with CMS for Suprax® and it was available as the brand but she did not know about the distribution. Mr. Smith added that if there were to be a specific emergency health need, per Mr. Shirley, the OMPP could have a drug approved immediately.

Dr. Wernert told Ms. Smith she would need to make her presentation to the MCOs that did not include Ovide® on their PDLs. If she was not successful in her attempts to present to the MCOs, she should inform the Board since they had a standing agenda item for discussing managed care issues. Mr. Smith clarified the MCOs could add any drug to their PDLs but could not remove a drug without the Board's approval.

Board Action: Dr. Wernert moved that all recommendations be approved with the exception that there be no action taken with Suprax®. It would remain on the PDL until the Committee could re-review it at their next meeting. The motion passed with two abstentions. The Board recommended the Committee also rereview Zmax at their next meeting.

Cardiovascular:

- ACE-Inhibitors
  - Add quinapril to the PDL
- ACE-Inhibitor/calcium channel blocker combs - no changes were recommended
- ACE-Inhibitor/diuretic combos
  - Add quinapril/hydrochlorothiazide combos to the PDL
  - Add fosinopril/hydrochlorothiazide combos to the PDL
- ARB's - no changes were recommended
- ARB's/diuretic combos - no changes were recommended
- Beta blockers - no changes were recommended
- Calcium channel blockers
  - Move Adalat® CC 90mg to non-PDL

ATTACHMENT 4.3 --continued--

  - Move Tiazac® to non-PDL
  - Move Covera® HS to non-PDL
  - Move Verelan® to non-PDL
  - Move Sular® to non-PDL
  - Move non-time released brand and generic versions of diltiazem to non-PDL
  - Move non-time released brand and generic versions of verapamil to non-PDL
  - Move non-time released brand and generic versions of isradipine to non-PDL
  - Move non-time released brand and generic versions of nifedipine to non-PDL
  - Move non-time released brand and generic versions of nicardipineto non-PDL
  - Add felodipine ER to the PDL
- Calcium channel blockers/lipotropics (Caduet®)- no changes were recommended
- Loop diuretics
  - Recommended that class no longer be subject to PDL review effective November 1st, 2005
- Inspra® - no changes were recommended

Public Comment: Mr. Paul Miner with Novartis, spoke on behalf of Diovan®. He told the Board there had been new compelling scientific information released the day before the Therapeutics Committee meeting. The FDA had approved a new indication for post myocardial infarction with a reduction in cardiovascular mortality. He added Diovan® had a new formulation which allowed titration for the new indication. There was also expanded labeling for the CHF indication. The language restricting the use of Diovan® in ACE intolerant patients was removed as well as concerns regarding triple therapy. He requested the Board add Diovan® to the PDL or to send it back to the Committee for re-review in light of the new information.

Board Discussion: Chair Musial indicated the Board could recommend sending the agent back to the Committee for review at their next meeting in November or allow it to go on the regular review schedule in February. Dr. Eskew mentioned adding the agent to the PDL. Dr. Wernert reiterated the most appropriate and prudent thing to do would be to take no action, send it back to the Committee and ask them to review it again. He said to move an agent from non-PDL to PDL status based on what had been presented at the meeting would be a huge error in judgment. Dr. Yang suggested the Board send both classes back to the Committee for re-review to be fair to all the agents in those classes.

Board Action: Dr. Eskew moved that all recommendations from the Therapeutics Committee for the cardiovascular class be approved with the exception of Diovan® and Diovan® HCT, which would be added to the PDL. The motion failed. Dr. Treadwell moved to approve the recommendations from the Therapeutics Committee for the cardiovascular class and to send the ARBs and ARBs/HCTZ classes back to the Committee for re-review in November. The motion passed with one abstention.

Lipotropics:

- Bile acid sequestrants - no changes were recommended
- Fibric acids
  - Move Antara® to non-PDL
  - Move TriCor® to non-PDL

ATTACHMENT 4.3 --continued--

- Move Triglide® to non-PDL
- HMG CoA Reductase Inhibitors (Statins)
  - Change the Pravachol® step edit (patient must have failed a clinically significant drug-drug interaction with other statin-type cholesterol lowering agents with a list of the drug-drug interactions to be provided by ACS)
- Other lipotropics
  - Move Niacor® to non-PDL

Board Action: All recommendations were approved and passed with one abstention.

Vesicare:

- Move Vesicare® to non-PDL

Board Comment: Mr. Smith shared some comments made to the Committee by Dr. Bruno, a practicing urologist. Dr. Bruno gave a presentation about the side effects and efficacy of the other antispasmodics on the PDL with anecdotal information from his practice and requested Vesicare® be added to the PDL. The Committee maintained their original recommendation since the data on the effectiveness, cost, and utilization had not changed since their previous review.

Board Discussion: Dr. Irick commented there were only 68 PA requests for that class in July with only one denial.

Board Action: The recommendation was approved and passed by the Board.

Proposed New Therapeutic Classes:

- Wound Care Products
- Topical Corticosteroids

Board Comment: Dr. Lindstrom asked what agents would be reviewed in each of those groups. Chair Musial suggested tabling the discussion until next month's meeting when a detailed listing could be made available.

Board Action: The vote was tabled until the November meeting.

ACS UPDATE: Mr. Dan Alday, ACS, informed the Board that as the new Clinical Services Manager he would be transitioning with Jason Crowe over the next couple of months. Dr. Crowe would be returning next month to present the Early Refill Report. There would also be two DUR Board newsletters presented for approval.

PA Statistics: Mr. Alday presented the Prior Authorization statistics for July. He noted there had not been significant change from the previous month. He indicated an anticipated increase in PA requests with the upcoming allergy season. Chair Musial asked if Mr. Alday knew what agents affected the sizable jump in BMN requests. Mr. Alday indicated the bulk of the increase from last year was probably due to the fact that Oxycontin® and Duragesic® became available generically.

ATTACHMENT 4.3 --continued--

NEW DRUGS: There was the previous discussion on the new indication for Diovan®. Mr. Smith introduced Rozerem®, a melatonin agonist, a new mental health agent in its own category that was just approved in July.

NEW BUSINESS: Mr. Smith shared some comments made at the Therapeutics Committee meeting by non-sponsored physicians on the difficulties of the PA process. Mr. Smith said the testimony was unexpected and had involved both traditional Medicaid as well as the MCOs. Dr. Lindstrom asked if it was an education issue or was the process too difficult. Mr. Smith felt it was educational but that the Board needed to make sure the system was user-friendly as well as clinically outcome-based.

Dr. Ceh observed the 72-hour emergency supply option available to Fee-for-Service made the PA process much smoother at the pharmacy level, but the MCOs had taken that option away from the pharmacies. Chair Musial responded pharmacist should be able to pick up the phone, call the MCO's PBM contactor and request a 72-hour emergency supply. Dr. Ceh replied most pharmacists did not know how to do that. She said either they did not have the correct phone numbers or they were given the run around.

Mr. Maley is to follow up with the MCOs concerning the need for a phone call at the time of service and who could make it. MCO representatives present were asked to reinforce with their PBM help desks that pharmacists could make those requests. Dr. Ceh thought some of the confusion might exist because each MCO had different procedures and perhaps that information was not being made available to each pharmacy provider.

Ms. Kelly Henderson with MDWise, shared their PBM was contractually obligated to communicate only with the corporate office. Chair Musial suggested under the purview of the Board, to require all the MCOs to notify each individual pharmacy in their network of their PA process. Mr. Maley thought it might be best if communication came from OMPP through EDS distribution. Mr. Musial replied EDS communications did not go to individual locations but to central repositories. Chair Musial asked each MCO to provide the Office with a list of pharmacy chain organizations within their networks.

September 2005

ACS UPDATE: Jason Crowe, ACS, presented a report on the early refill edit, and discussed the prior authorization numbers associated with the edit. The top two therapeutic classes for which PAs were requested were gastric acid reducers and anticonvulsants.

Proposed DUR Board Newsletter: Dr. Eskew asked if there were any questions regarding the two draft Board newsletters. Mr. Crowe presented one for hyperparathyroidism and one for non-benzodiazepines in insomnia. Dr. Lindstrom commented that the non-benzodiazepine newsletter at first appeared to advocate certain products but did balance out in the conclusion.

Mr. Crowe then advised the Board that this would be his last DUR meeting and thanked the members for their help. He introduced Mr. Dan Alday as the new Clinical Account Manager for ACS. Mr. Alday presented the two new proposed PDL classes: wound care (for skin ulcers) and

ATTACHMENT 4.3 --continued--

topical corticosteroids. Which are to take the place of the class loop diuretics and the class second-generation cephalosporins, which will no longer be reviewed.

PA Statistics: Mr. Alday presented the August PA statistics, and noted no significant changes from the previous month.

MANAGED CARE ORGANIZATION UPDATE:
Avis Davis, Pharmacy Director with Molina, presented the proposed changes to their PDL.

- Additions: alcohol swabs; Aleve OTC, generic; calcium gluconate OTC, generic; Concerta; Condylox 0.5 percent gel, the solution and generic only; Flovent HFA; Nephrocaps, generic; One-A Day therapeutic multivitamins OTC, generic; Poly-Vi-Sol OTC, generic; and Poly-Vi-Sol OTC, generic with iron; Poly-Vi-Flor; Tri-Vi-Flor with Iron; prenisolone solution 5mg/5ml; Tagamet HB OTC, generic; thiamine, vitamin B1 OTC, generic; Vitamin E; Aquasol E OTC, generic; Zantac 75 OTC, generic; and Zovirax Cream.
- Changes with clinical edits: lindane products, Elidel cream, and Protopic Ointment-required age limit greater than two; Phenergan tablets, all strengths and suppositories, required age limit greater than two due to contraindication in younger patients.

Chris Johnson, Pharmacy Director with Harmony, presented the proposed changes to their PDL.

- Additions: Sular, Lumigan, Tequin, Detrol, Detrol LA, NIX and RID as well as an assortment of topical corticosteroids.
- Additions to clinical edits: Benicar and Micardis as a step edit, to require trial and failure of an ACE Inhibitor; add an age limit on Elidel; step edit on Asacol, Pentasa and Rowasa for trial and failure on sulfasalazine.
- Deletions: Diovan, Xalatan, Cipro XR, Avelox, Ditropan XL, and the lindane topical products. Patients who are currently receiving will be grandfathered in to continue receiving.

Dr. Treadwell asked for clarification regarding NIX, asking if it was the 1% cream rinse. Mr. Johnson stated yes. Dr. Wernert asked for the rationale behind moving Diovan to non-preferred status. Mr. Johnson stated that their P&T Committee reviewed the class and felt that it was similar in efficacy and safety, and that if the product was deemed medically necessary for a patient, it was available through the PA process. Dr. Lindstrom asked if Benicar and Micardis could be used as first-line therapy for precongestive heart failure. Mr. Johnson said he would research the question and get back to him with an answer.

Kristy Bredemeier presented documentation that answered questions from the previous DUR Board meeting which included a PA process flowchart and a contact information sheet for all five MCOs. Dr. Eskew suggested that they could be included in a newsletter.

ATTACHMENT 4.3 --continued--

FFY 2005 DUR Board Members

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INDIANA MEDICAID DUR PROGRAMS - CMS FFY 2005

ATTACHMENT 4.4 DUR BOARD NEWSLETTERS

NOVEMBER 2004, FEBRUARY 2005, AND JUNE 2005

Indiana Medicaid Drug Utilization Review Board Newsletter

November 2004

Volume 7 Issue 1

Inside this Issue

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5	New Drugs Approved by the FDA in 2004

Indiana Medicaid DUR Board
Room W382
Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

DUR Board Members:

John J. Wemert, M.D., MHA – Chair
Brian Musial, R.Ph.
Paula J. Ceh, Pharm.D., PA-C
Philip N. Eskew, Jr., M.D.
Neil Irick, M.D.
Terry Lindstrom, Ph.D.
Marko A. Mychaskiw, R.Ph., Ph.D.
Vicki F. Perry
Thomas A. Smith, P.D., M.S.
G. Thomas Wilson, B.S. Pharm., J.D.
Patricia Treadwell, M.D.

Distinguishing Between "Sulfa" Allergies

Confusion may arise when patients are labeled as having a "sulfa" allergy. This usually refers to an allergy to the sulfonamide antibiotics. However, one cannot assume this is always the case, since other types of sulfur allergies to sulfites and sulfates exist. Many medications contain sulfonamide moieties. A detailed patient history including description of the hypersensitivity reaction is imperative to determine the severity of the allergy and to anticipate the potential for cross-allergenicity with other medications. It is important to distinguish between the different forms of sulfur.

Sulfur (S): An element with antifungal, antibacterial, scabicidal, and keratolytic properties. Sulfur is present in the hemoglobin of human blood and body tissue. Cross-allergenicity with sulfonamides has not been reported.

Sulfites (SO_3): Chemicals used as preservatives, antioxidants, and bleaching agents in foods and pharmaceutical preparations. Examples include sodium sulfite, sodium bisulfite, potassium bisulfite, and sulfur dioxide.

Sulfates (SO_4): Usually inactive chemicals that are used to make drugs more soluble. Examples include gentamicin sulfate and morphine sulfate. Allergies to sulfates are rare and these compounds do not appear to cross-react with sulfonamides.

Sulfonamides (SO_2NH): Derivatives of paraminobenzenesulfonamide. A sulfonamide group attached to a benzene ring characterizes antimicrobial sulfonamide structures.

The mechanism of sulfonamide hypersensitivity reactions is believed to differ from that of sulfites. It is thought that a specific metabolite rather than the intact drug may be responsible for most sulfonamide hypersensitive reactions. Sulfonamides are mainly metabolized by acetylation in the liver. Another pathway involves cytochrome P450 oxidation that can metabolize a small portion of the sulfonamide to a potentially toxic hydroxylamine metabolite. The amounts of the hydroxylamine metabolite an individual produces, as well as their ability to detoxify the product, may determine if the patient will have a hypersensitivity reaction.

Cross-allergenicity among the sulfonamides is unpredictable and the incidence has not been well defined. Reactions can occur in the presence of a sulfonamide structure itself. Therefore, other medications that contain a sulfonamide moiety may pose a risk to patients who have had an allergic reaction to sulfonamide antimicrobials. Patients who have had an allergic reaction to one antimicrobial may be at increased risk of experiencing hypersensitivity reactions to other dissimilar compounds. This makes it difficult to distinguish between an individual's sensitivity to multiple chemical agents and a true cross-allergenicity. Approximately 2% of patients who receive a sulfonamide will display a

hypersensitivity reaction immediately or more commonly after 7-10 days of therapy.

Manifestations

Dermatologic	Non-Dermatologic
Exfoliative Dermatitis	Headache
Urticarial Rash	Drug Fever
Stevens-Johnson Syndrome	Liver Necrosis
Erythema Multiforme	Nausea/Vomiting
Photosensitivity	Malaise

There have been a limited number of cases of cross-allergenicity reported between sulfonamide antimicrobials and medications with a similar structure. To add to the confusion, the labeling of sulfonamide-containing medications is inconsistent. Theoretically, these medications should be avoided in sulfonamide allergic patients. A list of common drugs that should be avoided or used with caution in sulfonamide sensitive patients is listed in table 7.5. This list may not be all-inclusive. Please refer to the manufacturer's prescribing information to confirm safe use of other agents in sulfonamide-allergic patients.

Many questions have come up regarding the use of COX-2 inhibitors in sulfonamide-allergic patients. The celecoxib and valdecoxib manufacturer states that these products are contraindicated in patients allergic to sulfonamides, based on the presence of a sulfonamide in the chemical structure. Therefore, it is prudent to avoid these products for these patients. Postmarketing surveillance has described hypersensitivity reactions and angioedema with both agents. There have been reports of fatalities as a result of Stevens-Johnson Syndrome and toxic epidermal necrolysis from valdecoxib use. These adverse reactions have occurred in valdecoxib-treated patients with or without a documented sulfonamide allergy.

Choosing a diuretic for a sulfonamide-allergic patient can be a challenge. Examples of diuretics that do not contain a sulfonamide moiety include amiloride, triamterene, eplerenone, and spironolactone. Spironolactone does contain a sulfur molecule in the structure but it is not a sulfonamide structure. Therefore, it would not be expected to generate a hypersensitivity reaction.

To date, the literature has not identified a cross-sensitivity between sulfite sensitive patients and sulfonamide-allergic patients. In addition, sulfates have a structure different from that of sulfonamides and sulfites and would not be expected to cross-react. Three potential mechanisms appear to be responsible for sulfite hypersensitivity, which are distinct from that of sulfonamide hypersensitivity reactions. It is important to note that if a sulfonamide-allergic patient is also sensitive to sulfites, they may be at increased risk of developing an allergic reaction to compounds related to both agents.

Hypersensitivity reactions generally occur when a sulfite-sensitive individual ingests 20-50mg of sulfite. Parenteral products often contain sulfites as preservatives in small enough quantities not likely to elicit a reaction, unless the individual is highly sensitive. Approximately 5% of asthmatic patients are sensitive to sulfites. Most metered does inhalers have been reformulated to remove the sulfites once present in these products. Controversy surrounds the use of anaphylactic kits, which often contain sulfite-preserved epinephrine products. These products should not be withheld from an individual experiencing an anaphylactic reaction if no sulfite-free products are available.

Clinical Pearls:

1. Cross-allergenicity among sulfonamide medications is unpredictable.
2. A documented sulfonamide allergy does not imply that all molecules containing sulfur in the structure are contraindicated.
3. Labeling a patient as "sulfonamide" or "sulfite" allergic is preferred over "sulfa" due to the confusion surrounding this term.
4. Patients with advanced HIV are often slow acetylators and glutathione deficient and therefore may be at increased risk of developing a hypersensitivity reaction.
5. To date, the literature has not identified a cross-sensitivity between sulfite sensitive patients and sulfonamide-allergic patients.
6. Generic versions of brand-name sulfite-free medications may contain sulfites as inactive ingredients.
7. Check all food and medication labels for inactive ingredients.
8. Sulfates are generally considered inactive and hypersensitivity reactions are very rare.

Evidence-Based Pharmacotherapy for Asthma

The National Asthma Education and Prevention Program (NAEPP) guidelines provide up-to-date asthma management recommendations, which are stratified according to the level of research evidence. The guidelines recommend inhaled corticosteroids as the preferred controller therapy for patients of all ages with persistent asthma of any severity.[1] Evidence indicates that regular use of inhaled corticosteroids, even at low doses, could prevent a large proportion of asthma-related hospitalizations and deaths.

Unfortunately, most patients do not use sufficient amounts of inhaled corticosteroids. The risk of exacerbations declines as the use of

Table 7.1 Stepwise Approach for Long-Term Asthma Pharmacotherapy (for adults and children older than 5 years of age)[1]

Severity Class	Medications Required To Maintain Long-Term Control
Step 4 Severe Persistent	High dose inhaled corticosteroid AND long-acting beta$_2$-agonist AND, if needed,
	Systemic corticosteroid long-term
Step 3 Moderate Persistent	Low-to-medium dose inhaled corticosteroid and long-acting beta$_2$-agonist OR
	Increase inhaled corticosteroid to medium dose range OR
	Low-to-medium dose inhaled corticosteroid and either leukotriene modifier or theophylline
Step 2 Mild Persistent	Low dose inhaled corticosteroid OR
	Cromolyn, leukotriene modifier, nedocromil, OR sustained-release theophylline
Step 1 Mild Intermittent	No daily medication needed
	(a course of systemic corticosteroids is recommended for severe exacerbations)

inhaled corticosteroids increases. Analysis of medication claim databases show that patients receive an average of only 2.2 canisters annually. To improve adherence, providers can educate patients about the benefits of long-term inhaled corticosteroid use.

How soon should inhaled corticosteroids be started in patients with mild persistent asthma? In patients with mild persistent asthma of recent onset, early intervention with an inhaled corticosteroid was shown to significantly decrease the risk of exacerbations, reduce the need for systemic corticosteroids, and improve asthma control. However, it remains to be determined whether inhaled corticosteroids or any other controller therapy can prevent irreversble airway obstruction associated with the natural progression of asthma. For patients with mild persistent asthma, leukotriene modifiers are an alternative controller medication to inhaled corticosteroids.

For patients with moderate persistent asthma, the preferred therapy is a low to medium dose of inhaled corticosteroid plus a long-acting beta$_2$-agonist. Evidence suggests that adding a long-acting beta$_2$-agonist may be more effective than raising the corticosteroid dose and helps to reduce the potential for corticosteroid-related adverse effects.

A stepwise approach for long-term asthma pharmacotherapy in adults and children (age > 5 years) is included in table 7.1.

Medication Mishaps

Accupril and Accutane. Both sound similar and look similar but are indicated for different uses. Medication errors partially arise from similar drug names, packaging, poor handwriting, misinterpretation of an abbreviated drug name, or incorrect data entered into a computer.

Look-alike drugs can cause up to 25 percent of medication errors. The FDA reported a recorded number of 400 deaths in January, 2002 due to medication errors. Sixteen percent (16%) of these errors were directly attributed to drugs with similar names.

Listed below are some commonly prescribed drugs that have similar sounding or look-alike names.

- Lamictal-Lamisil
- Atarax-Ativan
- Diovan-Zyban
- Vioxx-Zyvox
- Benylin-Benadryl
- prochlorperazine-trifluoperazine

Any and all medication mishaps should be reported to the FDA Medwatch Program (1-800-FDA-0178) or the U.S. Pharmacopeias Medication Errors Reporting Program at 1-800-23-ERROR.

Program Assistance

All questions regarding brand medically necessary should be directed to the ACS Pharmacy Services Helpdesk at 1-866-645-8344.

PDL Listing

The fee-for-service PDL listing may be found at the following website: http://www.indianapbm.com/Downloads/PDL%20update%207-09-04.pdf

Top 25 Drugs for First Quarter 2004

The following tables (7.2 and 7.3) list the drugs ranked by total amount paid and ranked by the total number of prescriptions for the first quarter of 2004.

August 2004

Table 7.2
Top 25 Drugs 1st Quarter 2004
By Total Amount Paid

Drug	Total Paid	Total Claims
Zyprexa	$11,338,368	35549
Risperdal	$7,035,884	38184
Seroquel	$5,231,315	27787
Novoseven	$3,726,823	30
Depakote	$3,671,243	31512
Neurontin	$3,569,013	28662
Zoloft	$3,424,636	38472
Lipitor	$3,340,385	39026
Duragesic	$2,896,138	14761
Abilify	$2,767,218	9261
Protonix	$2,763,279	26632
Plavix	$2,515,302	21700
Oxycontin	$2,455,151	9584
Zocor	$2,296,108	18836
Allegra	$2,237,128	35246
Effexor	$2,221,059	19011
Topamax	$2,152,348	11283
Advair	$1,769,354	12861
Singulair	$1,732,399	21375
Aricept	$1,710,511	13389
Lexapro	$1,681,972	26277
Wellbutrin	$1,675,093	15944
Actos	$1,599,756	9719
Strattera	$1,459,853	15041
Zithromax	$1,444,363	34919

Table 7.3
Top 25 Drugs 1st Quarter 2004
Ranked by Claims Paid

Drug	Total Claims	Total Paid
Hydrocodone/APAP	100194	$1,209,166
Furosemide	60709	$392,623
Albuterol	53882	$731,204
Ranitidine	47376	$476,941
Amoxicillin	41418	$453,081
Lipitor	39026	$3,340,385
Lisinopril	38581	$469,696
Zoloft	38472	$3,424,636
Risperdal	38184	$7,035,884
Alprazolam	37434	$284,024
Aspirin	36167	$28,867
Zyprexa	35549	$11,338,368
Allegra	35246	$2,237,128
Zithromax	34919	$1,444,363
Docusate	32853	$79,733
Propoxyphene N/APAP	31625	$320,575
Depakote	31512	$3,671,243
Potassium	30839	$570,997
Neurontin	28662	$3,569,013
Seroquel	27787	$5,231,315
Synthroid	27470	$453,127
Protonix	26632	$2,763,279
Lexapro	26277	$1,681,972
Norvasc	25472	$1,389,618
Lorazepam	23239	$237,717

New Drugs Approved by FDA for 1Q and 2Q 2004

Table 7.4 lists some of the new drugs approved by the FDA. The list does not include new dosage forms. New approvals with new dosage forms include: Acetadote, Apidra, Caduet, DepoDur, Enjuvia, Iquix, LidoSite, Menostar, Myfortic, Vitrase, Zegerid, and Zyprexa IntraMuscular.

Table 7.4
New Molecular Entities/Significant Biologicals

Alimta	Pemetrexed	An agent used in combination with cisplatin for mesothelioma
Apokyn	Apomorphine	A dopamine agonist for episodes of hypomobility in Parkinson's patients
Avastin	Bevacizumab	A monoclonal antibody for metastatic colorectal cancer
Erbitux	Cetuximab	A monoclonal antibody for metastatic colorectal cancer
Ketek	Telithromycin	A ketolide antibiotic for treatment of respiratory tract infections
Sanctura	Trospium	An antispasmodic/antimuscarinic agent for treatment of overactive bladder
Sensipar	Cinacalcet	A calcimimetic for hyperparathryoidism in dialysis patients and hypercalcemia secondary to parathryoid cancer
Spiriva	Tiotropium	Inhaled anticholinergic for once-daily maintenance treatment of COPD
Tindamax	Tinidazole	An antiprotozoal for treatment of trichomoniasis, giardiasis, intestinal amebiasis, and amebic liver abscess
Vidaza	Azacitidine	An antineoplastic for treatment of myelodysplastic syndrome
Xifaxan	Rifaximin	A non-systemic antibiotic for treatment of travelers' diarrhea

Table 7.5
Drugs to Avoid in Sulfonamide-Sensitive Patients

Drug Class	Examples	Mfr Labeling
Sulfonamides (systemic, ophthalmic, vaginal)	Silver sulfadiazine	Warning (topical preparations)
	Sulfamethoxazole	Contraindication
	Sulfacetamide	Contraindication
	Sulfadiazine	Contraindication
	Sulfadoxine	Contraindication
	Sulfapyrdine	Contraindication
	Sulfasoxizole	Contraindication
	Sulfasalazine	Contraindication
	Sulfanilamide	Contraindication (topical preps)
Sulfonylureas	Chlorpropamide	No warning of precaution
	Glipizide	No warning of precaution
	Glyburide	No warning of precaution
	Tolazamide	No warning of precaution
	Tolbutamide	No warning of precaution
	Glimepiride	No warning of precaution
Carbonic Anhydrase Inhibitors	Acetazolamide	Warning
	Dorzolamide	Warning (topical preps)
	Methazolamide	Warning
	Dichlorphenamide	No warning or precaution
	Brinzolamide	Warning (topical preps)
Diuretics (loop)	Furosemide	Precaution
	Bumetanide	Warning
	Torsemide	Contraindicated in patients with hypersensitivity to sulfonylurea
Diuretics (thiazide diuretics)	Hydrochlorothiazide	Contraindication
	Benzthiazide	Contraindication
	Chlorothiazide	Contraindication
	Chlorthalidone	Contraindication
	Indapamide	Contraindication
	Metolazone	Warning
NSAIDS	Celecoxib	Contraindication
Anticonvulsants	Zonisamide	Contraindication
HIV Agents	Amprenavir	Precaution
Sunscreens	PABA (para-aminobenzoic acid containing agents)	May vary with preparation used
Miscellaneous	Tamsulosin	No warning or precaution

[1] National Heart, Lung, and Blood Institute. *National Asthma Education and Prevention Program, Expert Panel Report: Guidelines for the Diagnosis and Management of Asthma (Update on Selected Topic 2002).* http://www.nhlbi.nih.gov/guidelines/asthma/asthmafullrpt.pdf

Indiana Medicaid Drug Utilization Review Board Newsletter

February 2005

Volume 8 Issue 2

Inside this Issue

1	Atypical Antipsychotics: Monitoring the Metabolic Effects
2	Top 25 Drugs for 4Q2004

Indiana Medicaid DUR Board
Room W382
Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

DUR Board Members:

Brian Musial, RPh. – Chair
John J. Wernert, M.D.
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Philip N. Eskew, Jr., M.D.
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Terry Lindstrom, Ph.D.
Marko A. Mychaskiw, R.Ph., Ph.D.
Vicki F. Perry
Thomas A. Smith, P.D., M.S.
G. Thomas Wilson, B.S. Pharm., J.D.
Patricia Treadwell, M.D.

Atypical Antipsychotics: Monitoring the Metabolic Effects

Antipsychotics are widely used in the medical management of many psychiatric conditions. Atypical antipsychotics are considered more effective in treating certain symptoms of psychotic illness and are better tolerated than first generation antipsychotics. However, these newer agents are associated with serious adverse effects including weight gain, hyperglycemia, new onset diabetes, and dyslipidemia. Since these metabolic side effects are associated with the development of cardiovascular disease, early intervention is imperative for the safety of the patient.

It is difficult to determine whether obesity, diabetes, or dyslipidemia is increased in these psychiatric populations independent of antipsychotic use. Studies suggest that the prevalence of obesity and diabetes among patients with schizophrenia and affective disorders is approximately 1.5 to 2 times higher than the general population. In addition, people with these disorders may be prone to obesity and dyslipidemia due to poor lifestyle habits. Limited data also suggests that drug-naive schizophrenic patients have an increased prevalence of impaired fasting glucose and insulin resistance, and have higher glucose, insulin, and cortisol levels than control subjects. From the evidence thus far, these patients have an increased prevalence of obesity, impaired glucose tolerance, and type 2 diabetes. Whether this is due to the illness itself or to drug treatment is still unknown.[1]

A joint panel of the American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists, and the North American Association for the Study of Obesity published a consensus statement in February 2004 examining the relationship of atypical antipsychotics with obesity, diabetes, and dyslipidemia. The following are some conclusions of the panel.

Physician education addressing the important adverse effects of atypical antipsychotics and their effects on obesity, diabetes, and dyslipidemia can hopefully prevent future patient complications and decrease overall health care costs. Baseline screening, ongoing monitoring, and appropriate adjustment (or switching) of medication is necessary to decrease the likelihood of developing or worsening cardiovascular disease, diabetes, or other complications.

Obesity

Obesity was determined to be strongly associated with the use of atypical antipsychotics. Rapid weight gain is usually seen in the first few months of therapy, but weight can still increase in patients even after one year of therapy. Weight gain and subsequent changes in body composition may precipitate other metabolic complications such as insulin resistance, diabetes, and dyslipidemia. Clozapine and olanzapine seem to have the highest incidence of weight gain, followed

by risperidone and quetiapine, with aripiprazole and ziprasidone having little effect on weight (long-term studies are limited for aripiprazole and ziprasidone).[1]

Diabetes

The onset or exacerbation of diabetes has been documented following initiation of atypical antipsychotics. Data from studies consistently show that patients on clozapine or olanzapine have an increased risk for diabetes compared with patients on first generation antipsychotics or other atypical antipsychotics. There is some evidence that risperidone and quetiapine can increase risk, but more studies are warranted. Aripiprazole and ziprasidone have not shown significant effects on glucose because long-term data is limited. Impairment of insulin action (i.e., insulin resistance) may be one possible mechanism for hyperglycemia. Drug-induced insulin resistance may be due to weight gain, change in body fat distribution, or by a direct effect on insulin-sensitive target tissues. Currently, the FDA has requested that labeling for *ALL* atypical agents carry a warning on the potential risk for developing diabetes.[1]

Dyslipidemia

Dyslipidemia associated with atypical antipsychotics can be seen by increases in total cholesterol, LDL cholesterol, triglycerides, and decreases in HDL cholesterol. Available evidence shows that changes in serum lipids are concordant with changes in body weight. Therefore, clozapine and olanzapine have the greatest increases in lipids, with risperidone and quetiapine having an intermediate effect on lipids. Again, aripiprazole and ziprasidone have limited data and do not show a significant effect on lipids.[1]

Monitoring

With the potentially serious adverse effects of atypical antipsychotics, the panel recommends appropriate baseline screening and ongoing monitoring of patients on these medications. Baseline measurements include personal and family history of obesity, diabetes, dyslipidemia, hypertension, or cardiovascular disease, body mass index (BMI), waist circumference, blood pressure, fasting plasma glucose, and fasting lipid profile. These measures can determine whether a patient is overweight (BMI 25.0-29.9) or obese (BMI≥30), has pre-diabetes (fasting plasma glucose 100-125 mg/dl) or diabetes (fasting plasma glucose ≥126 mg/dl), hypertension (blood pressure >140-90 mmHg), or dyslipidemia.[1]

Weight should be reassessed at 4, 8, and 12 weeks after initiation or following a change of antipsychotic therapy. Fasting plasma glucose, lipid levels, and blood pressure should also be reassessed 3 months after initiation. Blood pressure and plasma glucose should be checked annually or more frequently in patients at higher risk for developing diabetes or hypertension. Lipid levels should be reassessed at 12 weeks and every 5 years or more frequently if indicated (Table 1 – see next page).[1]

Physician education addressing the important adverse effects of atypical antipsychotics and their effects on obesity, diabetes, and dyslipidemia can hopefully prevent future patient complications and decrease overall health care costs. Baseline screening, ongoing monitoring, and appropriate adjustment (or switching) of medication is necessary to decrease the likelihood of developing or worsening cardiovascular disease, diabetes, or other complications.

Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

PDL Listing

The fee-for-service PDL listing may be found at the following website:
http://www.indianapbm.com/

Table 1. Monitoring for patients on second generation antipsychotics.[1]

	Baseline	4 weeks	8 weeks	12 weeks	Quarterly	Annually	Every 5 years
Personal/family history	X					X	
Weight (BMI)	X	X	X	X	X		
Waist circumference	X					X	
Blood pressure	X			X		X	
Fasting plasma glucose	X			X		X	
Fasting lipid profile	X			X			X

Top 25 Drugs for Fourth Quarter 2004

Top 25 Drugs 4th Quarter 2004 By Total Amount Paid

Drug	Total Paid	Total Claims
Zyprexa	$10,574,015	31,038
Risperdal	$8,203,330	38,908
Seroquel	$6,099,872	29,493
Depakote	$4,118,546	31,391
Abilify	$3,969,813	12,181
Lipitor	$3,781,154	42,948
Zoloft	$3,391,667	37,147
Duragesic	$3,255,734	15,288
Novoseven	$3,109,307	13
Plavix	$2,831,208	23,555
Protonix	$2,588,093	22,997
Topamax	$2,447,049	11,873
Zocor	$2,455,620	19,304
Effexor	$2,264,065	18,279
Neurontin	$2,247,409	13,737
Lexapro	$2,091,760	30,793
Oxycontin	$2,064,272	8,959
Aricept	$2,051,891	15,778
Advair	$1,952,360	13,552
Geodon	$1,794,801	7,210
Singulair	$1,699,622	19,871
Lamictal	$1,607,321	7,336
Actos	$1,520,032	9,252
Norvasc	$1,481,369	26,258
Trileptal	$1,473,276	9,608

Top 25 Drugs 4th Quarter 2004 Ranked by Claims Paid

Drug	Total Claims	Total Paid
Hydrocodone/APAP	99,987	$1,111,110
Furosemide	60,249	$316,609
Albuterol	49,803	$662,254
Ranitidine	43,747	$408,881
Lipitor	42,948	$3,781,154
Lisinopril	41,980	$463,762
Risperdal	38,908	$8,203,330
Aspirin	37,174	$25,726
Zoloft	37,147	$3,391,667
Alprazolam	35,550	$196,542
Amoxicillin	35,279	$336,395
Docusate	33,487	$66,716
Depakote	31,391	$4,118,546
Zyprexa	31,038	$10,574,015
Lexapro	30,793	$2,091,760
Zithromax	30,397	$1,284,227
Potassium	29,561	$493,201
Seroquel	29,493	$6,099,872
Propoxyphene N/APAP	28,559	$248,061
Loratadine	28,431	$365,443
Levothyroxine	26,829	$296,700
Norvasc	26,258	$1,481,369
Toprol	23,576	$774,577
Plavix	23,555	$2,831,208
Clonazepam	23,020	$139,889

[1] Barrett E, Blonde L, Clement S, et al. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care* 2004; 27: 596-601.
Barrett E, Blonde L, Clement S, et al. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Journal of Clinical Psychiatry* 2004; 65(2): 267-272
Marder SR, Essock SM, Miller AL, et al. Physical health monitoring of patients with schizophrenia. Am J Psych 2004; 161(8): 1334-1349

Indiana Medicaid Drug Utilization Review Board Newsletter

June 2005

Volume 8 Issue 3

Inside this Issue

1	New Injectable Therapeutic Options for the Treatment of Diabetes
2	Top 25 Drugs for 1Q2005

Indiana Medicaid DUR Board
Room W382
Indiana State Gvmt Center, South
402 West Washington Street
Indianapolis, Indiana 46204

DUR Board Members:

Brian Musial, RPh. – Chair
Philip N. Eskew, Jr., M.D.-Vice-Chair
John J. Wernert, M.D.
Paula J. Ceh, Pharm.D., PA-C
Neil Irick, M.D.
Terry Lindstrom, Ph.D.
Marko A. Mychaskiw, R.Ph., Ph.D.
Vicki F. Perry
Thomas A. Smith, P.D., M.S.
G. Thomas Wilson, B.S. Pharm., J.D.
Patricia Treadwell, M.D.

New Injectable Therapeutic Options for the Treatment of Diabetes

The FDA has recently approved two new antidiabetic medications that represent two new therapeutic classes: Symlin® (pramlintide), which is an amylin analog and Byetta® (exenatide), which is an incretin mimetic.

Amylin Analog: Symlin (Pramlintide)

Pramlintide is a medication that is used as an adjunct to insulin therapy in patients with type 1 or type 2 diabetes mellitus. Pramlintide is a synthetic analog of human amylin, a neuroendocrine hormone secreted by pancreatic beta cells. Amylin works in concert with insulin to regulate postprandial glucose concentrations. Amylin is normally stored with insulin in secretory granules and is secreted along with insulin.[1]

Amylin secretion is absent in patients with type 1 diabetes mellitus and is decreased in patients with type 2 diabetes mellitus. Decreased or absent amylin concentrations contribute to inadequacies of insulin therapy in patients with persistent postprandial hyperglycemia. Amylin replacement therapy complements insulin's effects in achieving optimal glycemic control.[1]

Amylin affects glucose concentrations by three different mechanisms: (1) slowing gastric emptying without altering the overall absorption of nutrients, (2) suppressing postprandial glucagon secretion, and (3) modulating appetite via the central nervous system. When used in combination with insulin, pramlintide reduces glycosylated hemoglobin concentrations and helps patients achieve current practice guidelines. Unlike the weight gain that is experienced with insulin monotherapy, modest weight reductions were observed with pramlintide and insulin combination therapy. Both of these effects have been maintained in clinical trials lasting 12 months.[1]

Pramlintide is indicated for the adjunct treatment of type 1 diabetes in patients who use mealtime insulin therapy and have failed to achieve desired glucose control. Additionally, pramlintide is indicated for the adjunct treatment of type 2 diabetes in patients who use mealtime insulin therapy and have failed to achieve desired glucose control despite optimal insulin therapy, with or without concurrent sulfonylurea and/or metformin therapy. Pramlintide is self-administered and is given subcutaneously immediately prior to each major meal (≥250 kcal or 30 g of carbohydrates). In type 1 diabetics, pramlintide should be initiated at a dose of 15 mcg and titrated at 15 mcg increments to a maintenance dose of 30 mcg or 60 mcg as tolerated. Type 2 diabetics should be initiated at a dose of 60 mcg and increased to a dose of 120 mcg as tolerated. In clinical studies, pramlintide reduced the amount of required short-acting insulin.[2]

The two most common adverse effects of pramlintide are hypoglycemia and nausea. Severe hypoglycemia is more common

during the initiation of therapy but can be minimized by a dose reduction in mealtime insulin and close monitoring of blood glucose levels. Nausea is typically reported as mild to moderate and tends to resolve with continued therapy. Nausea can be minimized by gradual dose titration.[1]

Due to the effects on gastric emptying, pramlintide has the potential to interact with other medications. It should not be considered for patients taking drugs that alter gastrointestinal motility (e.g., anticholinergic agents) and agents that slow intestinal absorption (e.g., alpha-glucosidase inhibitors). When rapid onset of a concomitant orally administered agent is a critical determinant of effectiveness (such as analgesics), the agent should be administered at least 1 hour prior to or 2 hours after pramlintide injection. In clinical trials, the concomitant use of sulfonylureas or biguanides did not alter the adverse event profile of pramlintide. However, the risk of hypoglycemia may be increased when pramlintide is administered with other diabetic medications. In addition, pramlintide and insulin should be as separate injectins.[2]

Incretin Mimetics: Byetta (Exenatide)

Exenatide is the first in a new class of agents called incretin mimetics. Endogenous human incretins, such as glucagon-like peptide-1 (GLP-1), enhance insulin secretion after release from the gut into the systemic circulation. Occupation of the GLP-1 receptor site by exenatide results in an increase in both glucose-dependent synthesis of insulin and insulin secretion[3]

Exenatide improves glycemic control by reducing fasting and postprandial glucose concentrations in patients with type 2 diabetes. Exenatide leads to a release of insulin only in the presence of elevated glucose concentrations. As euglycemia occurs, insulin secretion subsides. First-phase insulin response is lost in patients with type 2 diabetes. Exenatide has been shown to significantly improve first- and second-phase insulin secretion over placebo in patients with type 2 diabetes. In patients with type 2 diabetes, exenatide moderates glucagon secretion and lowers serum glucagon concentrations during periods of hyperglycemia. Lower glucagon concentrations lead to decreased hepatic glucose output and decreased insulin demand. Exenatide slows gastric emptying thereby reducing the rate at which meal-derived glucose appears in the circulation. Exenatide has also been shown to reduce food intake in both animals and humans, which may help to control weight.[3]

Several clinical trials have demonstrated the effectiveness of exenatide either with metformin or in combination with metformin and a sulfonylurea. Exenatide, whether administered alone or in combination, significantly reduces glycosylated hemoglobin concentrations and helps patients achieve ADA recommended goals.

Exenatide is indicated as adjunctive therapy to improve glycemic control in patients with type 2 diabetes mellitus who are taking metformin, a sulfonylurea, or a combination of metformin and a sulfonylurea but have not achieved adequate glycemic control. Exenatide therapy is self-administered and should be initiated at 5 mcg per dose administered twice daily at any time within the 60-minute period before the morning and evening meals. Exenatide should not be administered after a meal. Based on clinical response, the dose of exenatide can be increased to 10 mcg twice daily after 1 month of therapy. Each dose should be administered as a subcutaneous injection in the thigh, abdomen, or upper arm.[4]

Adverse effects associated with exenatide may include hypoglycemia and gastrointestinal adverse effects. The patient and clinician should monitor for hypoglycemia when exenatide treatment is initiated and continued. When exenatide is added to metformin therapy, the current dose of metformin can be continued, as it is unlikely that the dose of metformin will require adjustment due to hypoglycemia when used with exenatide. In clinical trials, the incidence of hypoglycemia was increased when exenatide was used in combination with a sulfonylurea. Although specific dose recommendations are not available, the clinician should consider a dose reduction of the sulfonylurea when used in combination with exenatide. The use of exenatide is commonly associated with gastrointestinal adverse effects, including nausea, vomiting, and diarrhea. The use of exenatide is not recommended in patients with severe gastrointestinal disease.[3]

Exenatide should be used with caution in patients receiving orally administered medications that require rapid gastrointestinal absorption. For oral medications that are dependent on threshold concentrations for efficacy, such as contraceptives and antibiotics, patients should be advised to take those medications at least 1 hour before exenatide injection. If such drugs are to be administered with food, patients should be advised to take them with a meal or snack when exenatide is not administered.[4]

In conclusion, these innovative therapies represent an exciting new advancement in the treatment of diabetes. They offer clinicians additional options when determining the best therapy for patients. While these agents do provide new options, the high cost of these medications will ultimately limit their use to those patients who are extremely difficult to manage with traditional antidiabetic medications.

Top 25 Drugs for First Quarter 2005

Top 25 Drugs 1st Quarter 2005 By Total Amount Paid		
Drug	Total Paid	Total Claims
Zyprexa	$10,008,455	29,239
Risperdal	$8,474,362	38,679
Seroquel	$6,200,733	29,930
Abilify	$4,210,356	12,813
Depakote	$4,178,323	30,680
Novoseven	$3,982,993	23
Lipitor	$3,951,038	42,863
Zoloft	$3,423,345	35,960
Plavix	$2,936,591	23,909
Gabapentin	$2,897,639	26,464
Protonix	$2,832,210	24,809
Topamax	$2,700,081	12,270
Zocor	$2,483,596	18,868
Effexor	$2,165,611	17,442
Oxycontin	$2,155,135	8,963
Lexapro	$2,132,016	31,051
Aricept	$2,106,829	15,772
Advair	$2,097,548	14,286
Duragesic	$1,986,498	9,843
Geodon	$1,934,165	7,418
Zithromax	$1,796,682	40,809
Lamictal	$1,730,736	7,773
Singulair	$1,680,594	19,676
Trileptal	$1,539,708	9,996
Norvasc	$1,523,440	25,997

Top 25 Drugs 1st Quarter 2005 Ranked by Claims Paid		
Drug	Total Claims	Total Paid
Hydrocodone/APAP	99,759	$859,976
Furosemide	59,089	$306,464
Albuterol	53,818	$580,256
Amoxicillin	45,473	$421,223
Lipitor	42,863	$3,951,038
Lisinopril	41,312	$381,680
Zithromax	40,809	$1,796,682
Ranitidine	40,744	$588,372
Risperdal	38,679	$8,474,362
Aspirin	36,136	$24,933
Zoloft	35,960	$3,423,345
Alprazolam	35,526	$209,451
Lexapro	31,051	$2,132,016
Docusate	30,868	$62,622
Depakote	30,680	$4,178,323
Seroquel	29,930	$6,200,733
Potassium	29,660	$392,177
Zyprexa	29,239	$10,008,455
Loratadine	29,096	$368,140
Levothyroxine	28,711	$291,132
Propoxy. N/APAP	27,705	$199,487
Gabapentin	26,464	$2,897,639
Norvasc	25,997	$1,523,440
Protonix	24,809	$2,832,210
Toprol	24,141	$808,595

Program Assistance

All prior authorization requests or questions regarding the PDL should be directed to the ACS Clinical Call Center at 1-866-879-0106.

PDL Listing

The fee-for-service PDL listing may be found at the following website:
http://www.indianapbm.com

[1] Clinical Pharmacology 2005, Symlin® (pramlintide) Monograph [accessed 2005 May 16]. Available at http://cpip.gsm.com/
[2] Symlin® package insert. Amylin Pharmaceuticals, Inc. San Diego, CA. 2005 [accessed 2005 May 16]. Available at www.symlin.com
[3] Clinical Pharmacology 2005, Byetta® (exenatide) Monograph [accessed 2005 May 16]. Available at http://cpip.gsm.com/
[4] Byetta® package insert. Amylin Pharmaceuticals, Inc. San Diego, CA 2005 [accessed 2005 May 16] Available at www.BYETTA.com

ATTACHMENT 5

POLICIES ON USE OF THERAPEUTICALLY EQUIVALENT GENERIC DRUGS

Indiana statute mandates substitution of a generically equivalent drug for a prescribed brand name drug, unless the prescribing practitioner properly indicates "Brand Medically Necessary" on the prescription and obtains prior authorization.

For your reference, copies of the Indiana generic substitution law, Indiana Administrative Code and Indiana Provider Bulletins on generic substitution are provided.

ATTACHMENT 5.1 Generics Utilization

Indiana Medicaid has one of the most rigorous State MAC programs in existence, ensuring that whenever possible therapeutically equivalent generic drugs are used in place of more expensive brand name alternatives.

Analysis of paid claims during **the FFY 2005 date of service period** covered by this Annual Report, revealed the following:

Generic substitution rate ("GSR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions where generic substitution is possible) was **93.4%** vs 89.1% in FFY 2004.

Generic dispensing rate ("GDR", defined as the percentage of generic prescriptions dispensed as compared to the total number of prescriptions dispensed) was **58.1%** vs 55.5% in FFY 2004.

These figures approach or exceed those found in programs administered by commercial insurers, and it is the firm intent of the Indiana Medicaid program to ensure that these numbers are maintained or increased. This will be accomplished via vigorous and ongoing State MAC processes and procedures.

ATTACHMENT 5.2 GENERIC SUBSTITUTION LAW

Indiana Code 16-42-22 Drugs: Generic Drugs*

*Presented in its entirety for reference.

16-42-22-1 "Brand name" defined

Sec. 1. As used in this chapter, "brand name" means the proprietary or trade name selected by the drug manufacturer and placed upon a drug or the drug's container, label, or wrappings at the time of packaging. *As added by P.L.2-1993, SE .25.*

16-42-22-3 "Customer" defined

Sec. 3. As used in this chapter, "customer" means the individual for whom a prescription is written or the individual's representative. *As added by P>L>2-1993, SEC.25.*

16-42-22-4 "Generically equivalent drug product" defined

Sec. 4. (a) As used in this chapter, "generically equivalent drug product" means a drug product"

- that contains an identical quantity of active ingredients in the identical dosage forms (but not necessarily containing the same inactive ingredients) that meet the identical physical and chemical standards in The United States Pharmacopoeia (USP) described in IC 16-4-19-2, or its supplements, as the prescribed brand name drug; and
- if applicable, for which the manufacturer or distributor holds either an approved new drug application or an approved abbreviated new drug application unless other approval by law or of the federal Food and Drug Administration is required.
    - A drug does not constitute a generically equivalent drug product if it is listed by the federal Food and Drug Administration on July 1, 1987, as having actual or potential bioequivalence problems.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, SEC 4.

16-42-22-4.5 "Practitioner" defined

Sec. 4.5. As used in this chapter, "practitioner" means any of the following:

- A licensed physician.
- A dentist licensed to practice dentistry in Indiana
- An optometrist who is licensed to practice optometry in Indiana; and
- An advanced practice nurse licensed and granted the authority to prescribe legend drugs under IC 25-33.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.5.

16-42-22-5 "Substitute" defined

Sec. 5. As used in this chapter, "substitute" means to dispense a generically equivalent drug product in place of the brand name drug product prescribed by the practitioner. *As added by P.L.2-1993, SEC.25.*

ATTACHMENT 5.2 -- continued -- Generic Substitution Law

16-42-22-5.5 Authorization to substitute only generically equivalent drug products

Sec. 5.5. Nothing in this chapter authorizes any substitution other than substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.6.*

16-42-22-6 Prescription forms

Sec. 6. Each written prescription issued by a practitioner must have two(2) signature lines printed at the bottom of the prescription form, one (1) of which must be signed by the practitioner for the prescription to be valid. Under the blank line on the left side of the form must be printed the words "Dispense as written". Under the blank line of the left side of the form must be printed the words "May substitute". *As added by P.L.2-1993, SEC.25.*

16-42-22-8 Substitution of generically equivalent drug products in non-Medicaid or Medicare prescription

Sec. 8. For substitution to occur for a prescription other than a prescription filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the practitioner must sign on the line under which the words "May substitute" appear, and the pharmacist must inform the customer of substitution. This section does not authorize any substitution other than the substitution of a generically equivalent drug product. *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.7.*

16-42-22-9 Transcription of practitioner's oral instructions to pharmacist

Sec. 9. If the practitioner communicates instructions to the pharmacist orally, the pharmacist shall indicate the instructions in the pharmacist's on handwriting on the written copy of the prescription order. *As added by P.L.2-1993, SEC.25.*

16-42-22-10 "Brand Medically Necessary" Traditional Medicaid or Medicare prescriptions

Sec. 10. (a) If a prescription is filled under the traditional Medicaid program (42 U.S.C. 1396 et seq.) or the Medicare program (42 U.S.C 1395 et seq.), the pharmacist shall substitute a generically equivalent drug product and inform the customer of the substitution if the substitution would result in a lower price unless:

- the words "Brand Medically Necessary" are written in the practitioner's own writing on the form; or
- the practitioner has indicated that the pharmacist may not substitute a generically equivalent drug product by orally stating that a substitution is not permitted.
    - If a practitioner orally states that a generically equivalent drug product may not be substituted, the practitioner must subsequently forward to the pharmacist a written prescription with the "Brand Medically Necessary" instruction appropriately indicated in the physician's own handwriting.
    - This section does not authorize any substitution other than substitution of a generically equivalent drug product.

As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.8.

ATTACHMENT 5.2 -- continued -- Generic Substitution Law

16-42-22-11 Substitution of generic drugs; identification of brand name drug

Sec. 11. If under this section a pharmacist substitutes a generically equivalent drug product for a brand name drug product prescribed by a practitioner, the prescription container label must identify the brand name drug for which the substitution is made and the generic drug. The identification required under this subsection must take the form of the following statement on the drug container label, with the generic name and the brand name inserted on the blank lines: "_____ Generic for _____". *As added by P.L.2-1993, SEC.25. Amended by P.L. 239-1999, Sec.1.*

16-42-22-12 Identification of manufacturer or distributor of dispensed drug product on prescription

Sec. 12. The pharmacist shall record on the prescription the name of the manufacturer or distributor, or both, of the actual drug product dispensed under this chapter. *As added by P.L.2-1993, SEC.25.*

ATTACHMENT 5.3 ADMINISTRATIVE CODE 405 IAC 5-24-8

Medicaid rule *405 IAC 5-24-8, Prior Authorization; brand name drugs*

405 IAC 5-24-8 Prior authorization: brand name drugs
Authority: IC 12-8-6-5: IC 12-15-1-10: IC 12-15-21-2

Affected; IC 12-13-7-3: IC 12-15

Sec. 8. a) Prior authorization is required for a brand name drug that:

(1) Is subject to generic substitution under Indiana Law; and
(2) The prescriber has indicated is "Brand Medically Necessary" either orally or in writing on the prescription or drug order.

b) In order for prior authorization to be granted for a brand name drug in such instances, the prescriber must:

(1) Indicate on the prescription or drug order, in the prescriber's own handwriting, the phrase "Brand Medically Necessary"; and
(2) Seek prior authorization by substantiating the medical necessity of the brand name drug as opposed to the less costly generic equivalent.

The prior authorization number assigned to the approved request must be included on the prescription or drug order issued by the prescriber or relayed to the dispensing pharmacist by the prescriber if the prescription is orally transmitted The office may exempt specific drugs or classes of drugs from the prior authorization requirement, based on cost or therapeutic considerations. Prior authorization will be determined in accordance with the provisions of 405 IC 5-3 and 42 U.S.C. 1206r-8(d)(5). (*Office of the Secretary of Family and Social Services; 405 IAC 5-24-8; filed Jul 25, 1997, 4:00 p.m.: 20 IR 3346: filed Sep 27, 1999, 8:55 a.m.: 23IR 319)*

Attachment 6

DUR Program Evaluations:

Savings Analyses
Of
Indiana Medicaid
ProDUR & RetroDUR Programs

Prepared for:

State of Indiana

Office of Medicaid Policy and Planning

October 1, 2004 – September 30, 2005

Initial Draft Prepared by: Michelle Laster-Bradley, Ph.D., M.S., R.Ph

ACS Government Healthcare Solutions, PBM Group

ACS Government Healthcare Solutions©

By:
State of Indiana Office of Medicaid Policy and Planning

Approved by:
The State of Indiana Drug Utilization Review (DUR) Board

Executive Summary: Drug Use Review (DUR) Analyses

All drug treatments carry some possibility of adverse effects and drug-induced disease. Drug therapy is such an integral part of health care that the need to identify, prevent and monitor adverse drug effects is more critical than ever. The risk grows as patients receive treatment for multiple medical conditions. Drugs prescribed for one condition may conflict with those prescribed for other conditions. In addition, mis-prescribing and providing inappropriate drug therapy can also endanger patients' health just as much as adverse effects.

Many clinical factors influence prescription decisions, including the patient's health status, side effects reported by the patient or detected by the physician, and available alternative treatments. To prescribe appropriately, the practitioner needs all relevant clinical and personal information, including the drugs ordered by other practitioners. In the modern healthcare system, few practitioners are fully aware or fully knowledgeable about all drugs and supplements their patients may receive.

Non-clinical factors also come into the equation. Fragmented health care, increased volume of patients seen, and proliferating drugs, diagnostics, and medical specialties increasingly complicate the task of prescribing optimal therapy. In addition, the pharmaceutical industry funds research to determine how to influence prescribers' decisions. Then pharmaceutical companies aggressively market their products, using paid advertising targeted toward practitioners and patients. Lastly, patients may consult a variety of practitioners, which increases the risk of mis-prescribing and drug-induced disease.

DUR serves a vital monitoring purpose by:

- Consolidating each patient's drug therapy history in a single, usable database.
- Analyzing that history using sophisticated clinical criteria.
- Identifying potential drug therapy problems such as drug-disease conflicts, drug-drug interactions, over-utilization, under-utilization, and clinical or therapeutic appropriateness.
- Notifying and presenting apparent drug therapy problems to practitioners and/or pharmacists.

Prospective DUR (ProDUR) and retrospective DUR (RetroDUR) each serve a unique purpose in providing practitioners and pharmacists with specific, focused and comprehensive drug information available from no other source. DUR allows practitioners to make timely changes in prescriptions and keeps these problems from growing. If practitioners and pharmacists use DUR as intended, then notification of a potential drug therapy problem will lead to appropriate action taken in response to a ProDUR alert or RetroDUR event. Actions include discontinuing unnecessary prescriptions, reducing quantities of medications prescribed, switching to safer drug therapies, or even adding a therapy recommended in published guidelines from an expert panel.

Timely DUR warnings along with practitioners' and pharmacists' appropriate actions can prevent adverse effects and mis-prescribing which lead to complications, hospitalizations, and treatment (which ultimately increases costs). Recipients avoid complications and harm, and State Medicaid programs are spared needless expense.

In sum, both ProDUR and RetroDUR serve vital functions. If DUR is widely and properly used by State Medicaid programs, their contractors and Medicaid providers, then the State Medicaid DUR programs provide an added margin of safety to its recipients and avoid unnecessary medical, hospital, and prescription drug expenses. OMPP and the DUR Board have always been interested in the impact that the programs implemented have on quality of care as well as upon pharmacy and medical costs.

The DUR programs have saved money by encouraging quality, medically necessary and appropriate drug therapy in order to reduce total healthcare expenditures. For the CMS Federal Fiscal Year 2005, estimated prescription drug savings resulting from ProDUR and RetroDUR programs is shown in Table II. Summary analyses for FFY 2005 in Table II are reported as prescription drug savings.

Drug savings estimates from DUR programs are measured by the actual claims before and after interventions. The total estimated net drug savings (or costs avoided) over the CMS Federal Fiscal Year 2005 for Indiana for ProDUR and RetroDUR programs are **$ 22.54 million.**

Table II. Indiana Program Impact Evaluation: Estimated Drug Cost Savings

Estimated Total Costs Avoided[1] or Savings Per Year		State Program Costs Per Year	Net Savings for FFY 2005 and Return On Investment (ROI) for ProDUR & RetroDUR only
ProDUR	**$ 28.93 million**	$8,000,000*	Program Net Savings **$22.54 million** **For each $1 spent, the state saved $3.82 or 282%** All ACS' services* paid for themselves plus obtained a large return on investment.
RetroDUR	**$ 1.61 million**		
GRAND TOTAL SAVINGS from ProDUR & RetroDUR	**$ 30.54 million**		

1.Reported "costs avoided" dollar amounts are state and federal combined, and does not include rebates.

* NOTE: The $8M reflects the entire cost of the contract that includes far more than DUR. Contract activities included at some point during FFY2005, but were not limited to: POS claims processing, paper claims processing, rebate management, cost containment initiatives, audit services, provider relations, T-Committee / DUR Board support, PDL administration, rebates, 24-hour help desk support, website development and maintenance, reporting and analysis, IBM, RetroDUR, and clinical program analysis & expertise. Therefore, the cost of running the entire Medicaid pharmacy program through ACS State Healthcare Solutions pays for itself with an estimated return on investment of over 100% each year.

Outcomes Measurement: CMS Philosophy on Evaluation of DUR Programs

Title XIX SSA § 1927(g)(3)(D); 42 CFR Part 456.709, 456.712[a,b]

The Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Finance Administration (HCFA), requires each state Medicaid Drug Utilization Review (DUR) Program submit an annual report. The CMS annual report provides a measurement tool to assess how well states have implemented DUR programs and the effect DUR has had on patient safety, practitioner prescribing habits and dollars saved by avoidance of drug therapy problems. As part of the annual report, each state is to estimate the savings attributable to prospective and retrospective DUR, and to report the costs of DUR program operations.

The CMS contracted a panel of advisors in 1994 with extensive experience in both DUR and program evaluation studies to develop the "*Guidelines for Estimating the Impact of Medicaid DUR.*"[1] The guidelines were developed because the CMS recognized the difficulty in producing legitimate estimates of savings associated with DUR programs with an acceptable level of rigor given very real operational and resource limitations. Studies must be rigorous enough to be confident that the results are attributable to DUR activities. Yet, analysts and researchers cannot interfere with day-to-day operations and cannot require unrealistic resources to conduct the studies.

In explaining why the Guidelines were developed, the expert panel of authors state: *"Attributing changes in prescribing and patient outcomes to DUR is a complex process...While rigorous studies are preferred in principle, they often [are not feasible].*

"*Applying the concepts embodied in these guidelines has the potential to do more than just help states fulfill their obligations for the annual report required by Federal law.*" *[The guidelines can]"provide states with approaches that will help them analyze and improve DUR operations."*[2] Additionally, if comparable estimation procedures are followed among the state Medicaid agencies, then information can be shared and compared, permitting states to learn from one another's experiences.

DUR Outcomes Measurement for State of Indiana DUR Programs

ACS' Approach to Evaluation

The 1994 CMS "*Guidelines for Estimating the Impact of Medicaid DUR*" (Contract # 500-93-0032) is an excellent operational research methods guideline that is still as relevant and useful ten years later. ACS State Healthcare Solutions employs health services researchers who

[1] Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. "Guidelines for Estimating the Impact of Medicaid DUR." Contract #500-93-0032. United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau. August 1994

[2] CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 1

strongly believe in following the 1994 CMS "*Guidelines for Estimating the Impact of Medicaid DUR*" (Contract # 500-93-0032). Therefore, analyses and cost estimates presented in this report are all acceptable methods listed in the CMS Guidelines as procedures that are likely to produce legitimate estimates of the cost savings (or cost avoidance) associated with DUR programs. This should give both CMS and the state of Indiana Office of Medicaid Policy and Planning (OMPP) a high degree of confidence that the results can be attributed to its DUR activities and not to other events.

According to estimates, between 3-28% of all hospital admissions involve adverse drug effects. Eliminating inappropriate drug use will eliminate the cost of unnecessary medical and hospital care. The cost of mis-prescribed drugs is small relative to unnecessary medical and hospitalization costs; but, drug costs are much easier to measure than trying to estimate treatments and hospital admissions that may have been as a result of inappropriate use. On the other hand, under-use or lack of use of certain indicated drugs can cause unnecessary medical, hospital, and emergency room care. Lack of prescribing or noncompliance with an indicated drug may have a small impact on drug costs, but may drive up medical, hospitalization, and emergency room costs with a larger impact.

To examine the impact of RetroDUR interventions on medical costs avoided, ACS examined utilization and costs in intervention recipients versus comparison recipients in whom no interventions took place. Savings are reported for the ProDUR and RetroDUR programs separately.

ProDUR Impact Analysis & Outcomes Measurement: State of Indiana

ProDUR Edits Methodology

In presenting our analyses, ProDUR is defined as "*a review of prescription orders and other reports for an individual patient or provider which is performed at the point of service (POS)…The review occurs as the medication is dispensed. Thus the evaluation of prospective DUR differs [from RetroDUR evaluation] in that it is necessary to* ***estimate the number and nature of drug use problems averted and the cost avoided***."[3] The estimated ProDUR savings calculation reflects only those claims that were submitted electronically.

If a ProDUR alert is triggered upon submission of a claim, the pharmacist must respond to the alert in order to proceed with the claim. The response is captured electronically. By responding to the alert, the claim may be adjudicated, and the pharmacist would thereby dispense the medication. The pharmacist's response to the initial ProDUR alert could produce savings from costs avoided if the action taken by the pharmacist prevented an adverse drug-related event or enhanced the effectiveness of the patient's drug therapy. Conversely, the pharmacist's response could also reflect an increase in program costs if the result was the utilization of more costly drug therapy.

[3] CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 2

ProDUR Study Scope

The period for measuring cost avoidance (savings associated with the ProDUR program) is all prescription drug claims submitted during FFY 2005 (10/1/04 to 9/30/05). These data reside in the claims history warehouse. Results of ProDUR alerts are examined by month over the FFY 2005 period.

According to the CMS Guidelines, it is not acceptable to limit the DUR savings results to global estimates of savings in the drug budget or overall Medicaid expenditures. ProDUR savings estimates should specifically track result relative to individual cases affected by ProDUR alerts.[4] One cannot sum dollar amounts associated with all denials and/or reversals and claim these are the total ProDUR cost savings either. The reason is one cannot assume that all denials of prescriptions through on-line ProDUR edits results in changes in drug use and expenditures. If the claim is filled with a substitute medication or is delayed by several days in filling, we should track the net effects upon expenditures. Likewise, one must use caution in estimating the costs avoided from "reversal" of claims and only measure costs avoided from true reversals that stay reversed. Tracking and calculating costs associated with actions resulting from ProDUR edit alerts have always been difficult at best. Comparison group designs are normally recommended; however, with on-line ProDUR, comparison populations who are not receiving an alert are not possible.

To achieve an acceptable method of estimating ProDUR savings, a computerized tracking method, Claims Tracking and Intervention Assessment Coding System (CTIACS), was developed to follow a claim from the initial alert, through the series of alerts and possible adjustments, and then ultimately to payment, substitution of alternative therapy, or final denial of each prescription "hitting" a ProDUR alert. Cost avoidance or savings for ProDUR is measured based upon several general claims scenarios after claims are submitted shown in Table III.

[4] CMS *Guidelines for Estimating the Impact of Medicaid DUR* 1994, p. 4

Table III. Methodology of Savings Produced for ProDUR Edit Response Scenarios

Claims Scenario	Pharmacist Response	Outcomes Produced	Savings Result
Denied, Not Resubmitted	Cancel Prescription	Don't fill inappropriate medication	Savings associated with lack of filling Rx *(Amount that would have paid)**
	No Response	Don't fill inappropriate medication & no re-submission	Savings for the *Amount that would have paid** had the prescription been filled.
Denied, Resubmitted & then Paid upon resubmission	No Response; but, Resubmits Prescription later	Delay in filling; e.g. wait 7 days for an Early Refill alert and resubmit on the correct date	Savings associated with delay in filling (Payment amounts adjusted by delays in filling). Very difficult to attach a cost estimate. No Estimated Savings Obtained
	No Response; but, Submits a Different Claim	Original claim not paid; Substitute Claim Submitted	Savings are what would have been paid for the first claim (cost avoided) and what is paid for the 2nd submission; e.g. Brand Medically Necessary alert hitting on a ProDUR alert for generic available.*
	Adjust Prescription Claim & Resubmit	Original claim not paid; Substitute Claim Submitted	Savings are Cost avoided with 1st claim minus cost of alternate taken; e.g. hitting on a ProDUR alert for quantity limits or excessive duration.
Paid	No Alert	No Alert	No Estimated Savings Obtained
Post Alert Info only & Paid	Fill Prescription; Receive Alert message after Paid	Fill prescription as is	Costs can be associated with RPh talking to MD or patient. Very difficult to attach a cost estimate. No Estimated Savings Obtained
Post, Override & Paid	Override Alert; Fill prescription with minor adjustments not trackable through on-line systems	Fill prescription as is with possible adjustment other than Rx.	Either increased savings or increased costs can be associated with adjusting the prescription. Very difficult to attach a cost estimate. No Estimated Savings Obtained
Post, Paid, then Reversed by RPh	Reversal of Rx	Don't fill medication	If reversal was resubmitted within 24-hours of service, then counted as paid. If reversal stayed reversed longer than 24 –hours, then counted as savings. Savings Obtained from Reversal

* Amount that would have been paid is defined as the <u>amount allowed</u> for the prescription if the claim had not hit the ProDUR alert.

Methods & Data Sources

Each alert resulting from the on-line ProDUR system is counted as an intervention. The total number of alerts and responses are reported on the EDS ProDUR Attachment 2.1.A and the ACS ProDUR Attachment 2.1.B. ACS State Healthcare's system tracks the non-responses through to a final paid or denied claim. Other methodology assumptions with tracking savings associated with ProDUR edits are:

a.) If a drug substitution was made and the prescription number did not change, then the savings was calculated.

Savings (or actually costs avoided) were calculated as the difference between the amount that would have paid on the initial submission and the amount paid on the substitute claim. If the claim was cancelled and a new prescription started, then a savings was not calculated. For example, if a claim "hits" the alert that generic substitution is required, the pharmacist most likely will use the same prescription number, change the drug name, and resubmit the claim. It was assumed that this scenario did not happen often and costs avoided or incurred would be negligible.

b.) Duplicate claims for the same prescription drug and refill number (same unique identifier) counted as savings only once.

c.) Duplicate edits for the same unique identifier were counted only once. For example, if a claim denied for the ProDUR Drug-Drug alert and again for Ingredient Duplication, only one denial was counted as costs avoided.

d.) Only the true ProDUR edits were included in savings estimates. Point of sale technology can produce additional savings with implementing hard edits, stopping quantity errors during submission, requiring prior authorization (PA) and strict formularies such as a Preferred Drug List (PDL) program. PA and PDL savings were not included in the ProDUR "soft" edit savings estimates.

e.) At times a billing error generated a ProDUR edit alert, such as "High Dose Alert" or "Excessive Duration Alert" for a mis-billed quantity. According to the CMS guidelines, "these types of savings should **not** be claimed as DUR savings" (CMS Guidelines 1994, p. 33). These savings or costs avoided were filtered out of ACS' claims tracking system as much as feasible, specifically for savings > $2,000; however, there may have been some that were missed from the filtering process. This may result in a slight over-estimation of these types of costs avoided.

For final denied claims, the amount that would have been paid for each ProDUR unique identifier is identified as the costs avoided or savings. An Estimated Amount that would have paid was calculated. Billed Amount was not used because billed amounts could be any amount pharmacists wanted to input and did not nearly approximate Amount that would have paid if the claim were to have paid. In fact, using Billed Amount would have excessively overestimated costs avoided.

Drug Utilization Review (DUR) Program Results

An evaluation of the effectiveness of ProDUR and estimated savings (costs avoided) of the ProDUR edits is given in Attachment 6.1.

Estimated utilization and savings generated as a result of the RetroDUR program is given in Attachment 6.2. An evaluation of the effectiveness of the RetroDUR program is measured in terms of:

a) Number of prescriptions reduced or increased (depending upon the criteria and intervention's goal); and,
b) Estimated savings by total dollars saved and dollars saved per utilizing recipient per year.

ProDUR Discussion and Conclusion

According to the Claims Tracking and Intervention Assessment Coding System (CTIACS system), costs avoided as a result of **ProDUR edits were $28.93 million for FFY 2005**[5.] ProDUR is working and saved the state dollars. The establishment of "hard alerts"—that is, ProDUR alerts that require a prior authorization from ACS—ensured that program savings are being maximized and that alerted claims are medically necessary, reasonable, and appropriate.

ACS staff, in conjunction with the state's DUR Board and OMPP staff, will continue to monitor and evaluate the state's ProDUR experience in order to continually improve the ProDUR system. Clearly, a benefit is gained by all (the State, the provider community, and the beneficiary population served).

5 Savings are both state and federal dollars combined, and does not include rebates.

ATTACHMENT 6.1 ProDUR SAVINGS SUMMARY

PDMU1000-RC002
AS OF 2006-04-10

INDIANA MEDICAID –
ACS PRESCRIPTION BENEFIT MANAGEMENT
P R O S P E C T I V E D U R S A V I N G S
R A N K E D B Y A M O U N T P A I D
CLAIMS PAID FROM 2004-10-01 - 2005-09-30

GROUP:100 INDIANA MEDICAID - OMPP

CC	DESCRIPTION	PAID CLM	PAID AMT	DENIED CLM	DENIED AMT	REVERSE CLM	REVERSE AMT	TOTAL SAVINGS
		DUR ALERTS SUMMARY						
DD	DRUG-DRUG INTERACTION	2,519,468	132,023,107	241,175	12,637,570	85,836	6,055,815	$18,693,385
TD	THERAPEUTIC DUPLICATION	1,141,976	107,545,676	0	0	42,753	5,503,854	$5,503,854
HD	HIGH DOSE	234,656	30,493,673	75,739	9,842,283	10	174	$9,842,457
ID	INGREDIENT DUPLICATION	562,909	27,919,786	0	0	27,127	1,539,131	$1,539,131
LD	LOW DOSE	246,704	13,985,422	0	0	15,212	1,056,734	$1,056,734
ER	OVERUSE - EARLY REFILL	172,652	11,905,067	90,538	6,242,595	1,783	166,606	$6,409,201
PA	DRUG-AGE	22,012	1,336,426	0	0	25	483	$483
DC	DRUG-DISEASE (INFERRED)	14,473	435,623	2,823	84,944	1	6	$84,950
SX	DRUG-GENDER	2,331	206,532	0	0	155	14,742	$14,742
PG	DRUG-PREGNANCY	8,574	126,882	4,252	62,887	0	0	$62,887
MX	EXCESSIVE DURATION	294	29,230	0	0	18	2,151	$2,151
		4,926,049	326,007,430	414,527	28,870,279	172,920	14,339,701	$43,209,980
SUMMARY LINE ALL CONFLICTS		**4,179,623**	**262,063,457**	**260,015**	**16,674,761**	**147,601**	**12,250,749**	**$28,925,511**

SUM UNIQUE CLAIMS W/IN EACH EDIT)

PLEASE NOTE:

* SUM OF ALL CONFLICTS CONTAINS DUPLICATES SINCE ONE PRESCRIPTION MAY HIT ON MULTIPLE PRODUR EDITS. TOTAL SAVINGS ARE DERIVED FROM SUMMING UNIQUE CLAIMS WITHIN EACH EDITS (ACS IS NOT TAKING A SAVINGS FOR DUPLICATES).

1. A CLAIM IS COUNTED AS DENIED ONLY IF IT IS NOT FOLLOWED BY A PAID CLAIM FOR THE SAME INDIVIDUAL/DATE OF SERVICE/DRUG COMBINATION.

2. A CLAIM IS COUNTED AS REVERSED ONLY IF IT HAS BEEN REVERSED WITHIN 24 HOURS (A SAME DAY REVERSAL). SOME REVERSED CLAIMS ARE ATTRIBUTABLE TO PRODUR; WHILE OTHERS MAY NOT(e.g., some claims may have been submitted & reversed to verify coverage of an item).
3. A DENIED CLAIM IS COUNTED AS DENIED ONLY ONCE IF FOLLOWED BY MULTIPLE DENIES FOR THE SAME INDIVIDUAL/D O S/DRUG COMBINATION.

4. SAVINGS ATTRIBUTABLE TO EARLY REFILL (ER) ARE PRIMARILY COSTS DELAYED. IN OTHER WORDS, APPROXIMATELY 80% OF ER CLAIMS GO ON TO BE FILLED AFTER WAITING A FEW DAYS. THEREFORE, ER SAVINGS ARE CONSERVATIVELY CALCULATED AS 20% OF THE CLAIMS THAT HIT ER (AND DO NOT GO ON TO BE FILLED LATER).
5. A CLAIM REVERSED FOR LOW DOSE (LD) WAS CONSIDERED SAVINGS, BECAUSE THE PRESCRIPTION WAS NOT DISPENSED IN AN INEFFECTIVE DOSE.

6. THIS REPORT ONLY USES CONFLICT CODES ASSOCIATED WITH ACTUAL SAVINGS. CONFLICT CODES INCLUDED IN SAVINGS CALCULATIONS ARE: --DC, DD, ER, GA, HD, ID, LD, LI, MC, MX, PA, PG, SX, TD--

7. SAVINGS ARE BOTH STATE AND FEDERAL DOLLARS COMBINED, AND DOES NOT INCLUDE REBATES.

RetroDUR Impact Analysis & Outcomes Measurement: State of Indiana

RetroDUR Methodology Impact Analysis

The state of Indiana ensured that a CMS-compliant claims tracking methodology was used to evaluate the results of the RetroDUR program. The Claims Tracking of Interventions and Analysis of Cost Savings (CTIACS) system identifies changes in drug therapy patterns following the intervention and measures the monetary impact of these changes.

The 1994 CMS report, "Guidelines for Estimating the Impact of Medicaid DUR", was used to develop the methodology for measuring the impact of the Retrospective DUR program. Simply stated, the preferred and recommended method of the 1994 CMS guidelines is a scientifically sound methodology that involves comparison of all recipients who received interventions (intervention group) with those who did not receive interventions (comparison group). This preferred comparison group method has the most validity and accuracy of any other method (Zimmerman, T. Collins, E. Lipowski, D. Kreling, J. Wiederholt. "Guidelines for Estimating the Impact of Medicaid DUR." (Contract #500-93-0032, United States Department of Health and Human Services, Health Care Financing Administration: Medicaid Bureau, August 1994).

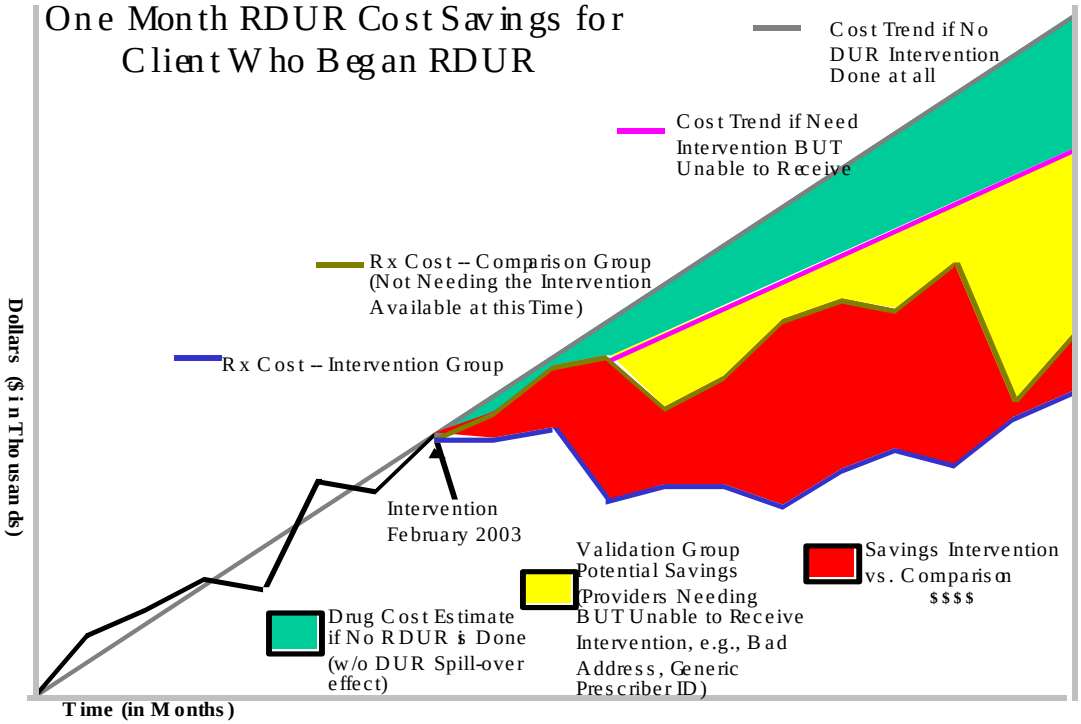
The intervention population, a subset of beneficiaries, includes all recipients confirmed as having inappropriate drug therapies and who were intervened upon during the analysis period. Interventions included sending an Alert Letter and patient profile to every prescriber involved in the drug therapy problem(s) in addition to answering questions on the 800-DUR hotline. It is possible to track the cost impact upon recipients upon whom we intervene (called 'cases'). Reports can be generated for cost savings and number of prescriptions saved per patient case or per recipient (if a recipient has more than one case).

To confirm the validity of our methodology, initially two comparison groups were evaluated along with an intervention group for cost savings. One comparison group, called the conservative comparison group, was an equal subset of patients who were taking medication involved in the alert, but needed no intervention. The second comparison group, used for validation, was patients who needed an intervention but no intervention was possible. The largest reason was that the prescriber couldn't be identified; for example, the prescriber's correct address couldn't be found or the pharmacy used an invalid or generic prescriber number in filing the claim. The following graph illustrates a very conservative estimate of cost savings obtained using our selected comparison group. The graph also illustrates how the validation group's costs continue to rise when they needed a letter more so than the comparison groups' costs.

Overall Procedures

ACS' outcomes measures of therapy improvements and cost savings are not dependent upon receiving prescriber responses about the letters, since what practitioners *say* is not an accurate measure of actual behavior. Instead, actions are measured from claims data to determine what prescribing patterns have actually changed as a result of educational interventions. Drug savings estimates from RetroDUR are measured by the claims 180-days before and after interventions.

Figure 2.



To analyze recipients' drug use, we followed the 1994 CMS "Guidelines for Estimating the Impact of Medicaid DUR." We compared the cost of all prescription drugs for each recipient before and after physicians received Alert letters, phone calls or face-to-face visits. By following CMS's guidelines, our analysis measured "the substitution effect." That is, prescribers may substitute another drug in the same therapeutic class in place of the drug about which the Alert letter was sent. Therefore, our analysis also included the cost of other drugs in the same therapeutic class. We calculated each period's costs using the exact quantities of each drug dispensed and the claims costs (defined as: reimbursement formula specified in the plan).

For the purpose of this report, cases were analyzed using 180 days of claims data before and after the alert letter/intervention month. The number of prescriptions and cost of drug therapy were then compared for the pre- and post-intervention periods. To evaluate the impact of changes over time, such as manufacturer drug price changes or policy changes, the intervention group for each case was evaluated compared to a comparison group. Anything that happens to one group will also affect the other group and will negate any outside effects on drug costs. Any savings that occurred can then be attributed to the DUR intervention and not some other effect.

RetroDUR Results

The following information is a year-end analysis of RetroDUR activities and outcomes that were approved by the DUR Board and performed by ACS pharmacists through their two RetroDUR program types: Intensified Benefits Management (IBM) and regular RetroDUR Programs.

Detailed outcomes analyses for each RetroDUR intervention type is included in the Attachment 6.2. Attachments include cost savings as well as the number of prescriptions saved per intervention cycle per month and by program (IBM or Regular RetroDUR letters). Real savings, while controlling for changes over time, were calculated using the comparison and intervention groups.

For RetroDUR interventions, estimated annual savings[6] for the **FFY 2005 were $ 1.61 million**. All amounts are reported as state and federal Medicaid dollars combined.

RetroDUR Discussion

We found the intervention group total prescription drug costs typically decreased following Alert letters, phone calls or site visits; whereas, the comparison group (who needed intervention but did not receive intervention) prescription costs typically continued to increase.

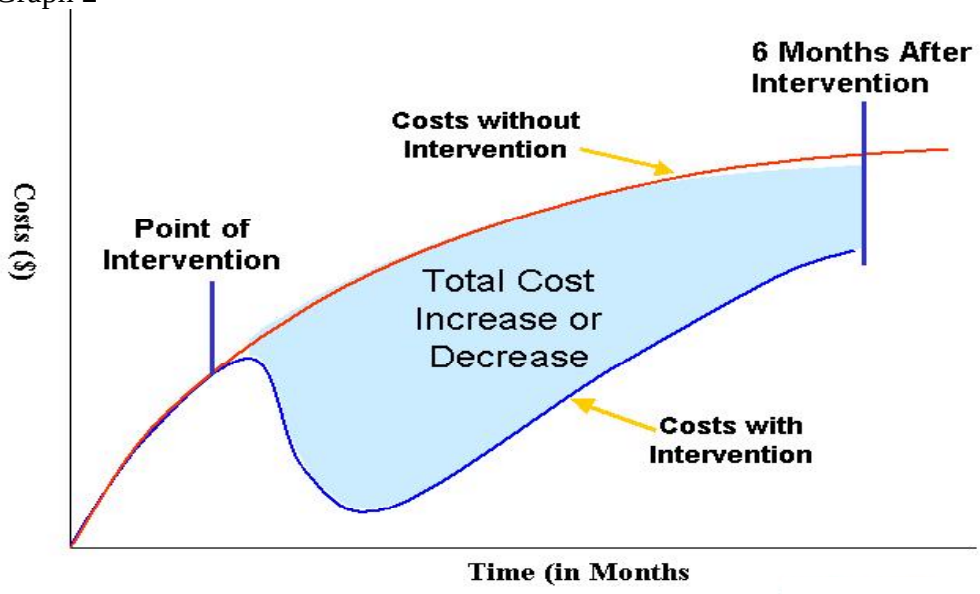
In our experience, drug costs decrease soon after an intervention, then costs remain relatively flat or only slightly increase for approximately 6 months. After about 6 months post-intervention, drug costs in the intervention group will start to climb again as indicated by the upward slope on Graph 2; but, costs never reach the point of the comparison group drug cost trends (See Graph 2). The comparison group illustrates what would happen to drug costs if no DUR program interventions were undertaken.

The psychological theory of the *primacy-recency effect* can explain this phenomenon where interventions work for several months, but do not contain costs permanently. Practitioners must be reminded periodically of the intervention criteria. The most recent events are what practitioners primarily recall when they are choosing drug therapy for patients. State Medicaid agencies are trying to provide optimal care while keeping costs reasonable should likewise take advantage of the primacy-recency effect by repeated ProDUR *and* RetroDUR educational interventions on practitioners who do not meet the predetermined standards or criteria set by the DUR Board. Graph 2 illustrates this primacy-recency concept quite vividly.

In sum for DUR overall, the general trend for comparison group recipients is for drug costs to continue to rise. The trend for intervention group recipients is for drug costs to either remain flat (meaning rising drug costs have been contained) or to decrease over a 6-month time frame.

6 All amounts are reported as state and federal Medicaid dollars combined, and does not include rebates.

Graph 2



DUR Program Evaluation Conclusions

Outcomes analyses were conducted on actual prescriber behavior rather than prescriber responses to letter interventions. Outcomes analyses shows that DUR **does work** in general and specifically, has worked for State of Indiana. Furthermore, the State of Indiana Drug Utilization Review program provides an important quality assurance service to Medical Assistance recipients.

Over the CMS Federal Fiscal Year 2005 year, the program confirmed **4.59** million incidences where recipients were at risk for drug therapy problems in the ProDUR program and **3,567** incidents in the RetroDUR program. These recipients were at increased risk of dangerous adverse drug effects and drug-induced diseases. Cost savings were reported for each drug therapy problem and for each intervention type to illustrate that some criteria focusing on certain drug therapy problems were more effective at reducing prescription drug utilization and drug costs than other criteria (See Appendices).

The total drug cost savings (or costs avoided) over the FFY 2005 for RetroDUR clinical programs (IBM and RetroDUR letters) was **$1.61 million,**[1] ProDUR was **$28.93 million,** and both ProDUR & RetroDUR program savings combined were approximately **$30.53 million**.

The drug cost savings for DUR programs alone was a return on investment (ROI) of **282%**[2], meaning that for every $1 dollar spent on the DUR program, State of Indiana received **$3.82** in drug savings.

NOTE:

1. **Reported "costs avoided" dollar amounts are state and federal combined.**
2. **Return on investment calculation includes the cost of all ACS services to the State of Indiana.**

ATTACHMENT 6.2 ALL RETRODUR PROGRAMS SAVINGS SUMMARY AND DETAIL

All RetroDUR Programs Savings Summary	
Regular RetroDUR Letters	**Intensive Benefits Management (IBM)**
$599,000	$1.011 million
Total Annualized Savings	
$ 1.61 million	

IBM & RETRODUR Programs Outcomes Detail

Intensive Benefits Management (IBM)

MONTH/ YEAR	NAME OF INITIATIVE	PRO-GRAM TYPE	# PTS REVIEWED	# PTS INTERVENED	# PRE-SCRIBERS TARGETED	CONVER-SION RATE	# PTS CONVERTED	% CHANGE PUPM CONTROL	% CHANGE PUPM TARGET	% Net CHANGE PUPM
October-04	POLY-PHARMACY WITH CONTROLLED SUBSTANCES	IBM	874	817	273	68.3%	558	37.38%	12.74%	-24.64%
November-04	N/A	IBM								
December-04	N/A	IBM								
January-05	HIGH UTILIZERS	IBM	176	132	231	52.3%	69	-16.63%	-16.49%	0.14%
February-05	HIGH UTILIZERS	IBM	155	74	294	77.0%	57	-21.44%	-24.55%	-3.11%
March-05	N/A	IBM								
April-05	N/A	IBM								
May-05	N/A	IBM								
June-05	PREVENTATIVE USE OF ACE INHIBITORS FOR DIABETICS PATIENTS	IBM	159	150	150	14.7%	22	-0.95%	2.17%	3.12%
July-05	SWITCH FROM NON-PDL ALLEGRA TO PDL ALTERNATIVES	IBM	1160	1111	298	28.4%	316	2.99%	8.09%	5.10%
August-05	N/A	IBM								
September-05	N/A	IBM								
TOTALS		IBM	2,524	2,284	1,246	44.7%	1,022	1.4%	-18.0%	-19.4%

RetroDUR Letters

MONTH/ YEAR	NAME OF INITIATIVE	PRO-GRAM TYPE	# PTS REVIEWED	# PTS INTERVENED	# PRE-SCRIBERS TARGETED	CONVER-SION RATE	# PTS CONVERTED	% CHANGE PUPM CONTROL	% CHANGE PUPM TARGET	% Net CHANGE PUPM
October-04	POLY-PHARMACY WITH CONTROLLED SUBSTANCES	RetroDUR	313	313	729	N/A	N/A	37.38%	7.81%	-29.57%
November-04	NONE	RetroDUR								
December-04	NONE	RetroDUR								
January-05	NONE	RetroDUR								
February-05	NONE	RetroDUR								
March-05	NONE	RetroDUR								
April-05	NONE	RetroDUR								
May-05	EXCEEDING MAX DURATION WITH LOW MOLECULAR WEIGHT HEPARIN	RetroDUR	190	148	120	54.7%	81	-45.37%	-92.41%	-47.04%
June-05	PREVENTATIVE USE OF ACE INHIBITORS FOR DIABETICS PATIENTS	RetroDUR	431	179	156	N/A	N/A	-0.95%	-8.59%	-7.64%
July-05	SWITCH FROM NON-PDL ALLEGRA TO PDL ALTERNATIVES	RetroDUR	696	643	311	N/A	N/A	2.99%	17.46%	14.47%
August-05	NONE	RetroDUR								
September-05	NONE	RetroDUR								
TOTALS			1,630	1,283	1,316			-6.0%	-75.7%	-69.8%

Grand Totals:	**4,154**	**3,567**	**2,562**

- **% Net Change PUPM = A negative number means the intervention achieved savings; whereas, a positive number means net costs increased after the intervention.**

NOTE:
Savings are derived from differences in total costs of the comparison group vs. intervention (targeted) group. Pre- to Post-Costs per Utilizer may increase and costs savings may still be achieved due to savings from eligible recipients who stopped using the targeted drug(s) completely.